

Oklahoma State Department of Health				
Information for FY-19 Budget Hearings				
Programs		Program Amount	Clients Served	Program Efficiency
Women, Infant and Children (WIC)			Serving average monthly caseload of 80,000 participants	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high risk population. The program serves pregnant and postpartum Women, infants and children to the age of five, at or below 185% poverty level.
HPP and PHEP Cooperative Agreement		88,122,151	1.9 million citizens of the State of Oklahoma. The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of federal funding designed to help health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. The PHEP cooperative agreement also includes funding for the National Hospital Preparedness Program (NHP) which prepares the healthcare system to save lives through the development and sustainment of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together. Required activities include the development, revision and testing of local and state level public health and medical system emergency preparedness plans, programs and capabilities focused on strengthening emergency response in designated domains.	The PHEP/NHP cooperative agreement is a critical source of federal funding designed to strengthen health departments' abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and terrorist events.
School Based Surveillance - YRBS		11,331,245	Oklahoma public school students, grades 9-12, target population approximately 190,000 students, biennial sample size approximately 1,500	
Personal Responsibility Program (PREP)	JOYCE MARSHALL	64,391	Middle and high school students in OKC and Tulsa counties, Out-of-home youth, Teen Pregnancy Prevention Specialists	
Oklahoma State Systems Development	JOYCE MARSHALL	704,903	Oklahoma MCH population - women, infants, children and adolescents, including those with special health needs. Approximately 1.8 million target population	
Tuberculosis Elimination and Laboratory Cooperative Agreement	JOYCE MARSHALL	113,190	In CY 2017, 54 cases of active tuberculosis (TB) were identified and received treatment; 1,219 Oklahomans were evaluated for latent TB infection. Statewide population benefits from TB prevention and control.	Public Health Laboratory tests >5,500 specimens annually for TB; Public Health medical staff provide case management, identify at-risk contacts for TB testing and preventative therapy.
Core Violence and Injury Prevention		1,854,003	The Oklahoma Core State Violence and Injury Prevention Program is a multifaceted program that works to increase statewide capacity for injury prevention and has four prescribed focus areas for injury prevention activities: traumatic brain injury, motor vehicle crashes, sexual violence, and child abuse and neglect. Clients served are, therefore, diverse and essentially cover the statewide population. Target populations of particular interventions include children aged 0-8 years, parents/caregivers of children aged 0-8 years, youth and young adults aged 10-24 years, youth sports participants and their parents and coaches, healthcare providers, leaders and policy makers, home visiting nurses, child-serving organizations, school boards and school staff, public health professionals, and injury prevention advocates.	Examples of outcomes include supporting the Oklahoma Injury Prevention Advisory Committee; expanding the Rape Prevention and Education Program by funding an additional community-based primary prevention program; supporting 62 county health departments as car seat check stations in the statewide child safety seat installation and education program; a 92% child restraint usage rate statewide; development of a surveillance system to collect detailed information on all injury-related fatalities among children 0-8 years and entry of all 2016 deaths; providing online resources and technical assistance for schools; developing concussion-related return to play and return to learn policies, and offering community-based education and trainings on sports-related concussion prevention and management.
OK Opioid Overdose Surveillance		235,787	Clients served include the statewide population, with special attention to stakeholders that utilize drug overdose (specifically opioid overdose) data, including the Oklahoma Bureau of Narcotics and Dangerous Drug Control, Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, prescribers, dispensers, regional prevention coordinators, county health departments, public health professionals, emergency medical service providers, mental health professionals, community advocates, lawmakers, and addiction specialists.	During FY17, the Injury Prevention Service responded to 3 data requests utilizing unintentional opioid overdose death data compiled and analyzed using OODSP funds. Reviewed and abstracted data on 196 unintentional opioid-related overdose deaths, including demographic information, decedent medical history, circumstances, and types of substances involved in the death. Reviewed 2,350 emergency medical service transports for suspected drug overdose (including prescription opioid and heroin overdose).
Violent Death Reporting		292,706	Clients served include anyone who utilizes the data collected by this surveillance system or is impacted by the programs and policies informed by the data, including public health professionals, law enforcement, allied professionals in prevention, the general public, researchers and students, mental health professionals, the medical community, media, lawmakers, and many others. For example, the Oklahoma Department of Mental Health and Substance Abuse Services estimates that they alone have distributed the data to over 6,000 individuals in the past year.	Calendar year 2017 surveillance on violent deaths included 710 suicide, 286 homicide/legal intervention, 5 unintentional firearm, and 50 violent undetermined deaths. Forty-eight data requests were completed and 18 data reports were posted to the OSDH website and distributed to Injury Prevention Service partners.
Family Planning		227,684	All men and women wishing to prevent, space, or achieve pregnancy. Services include preventive health exams, STD testing, breast and cervical cancer screening, contraceptive method of choice, infertility counseling, linkage with primary care, pregnancy testing and options counseling	
Abstinence Education	JOYCE MARSHALL	6,660,901	The Oklahoma Abstinence Education Grant Program (OK-AEGP) provides opportunities for Oklahoma youth in elementary through middle school	
Project Launch	BETH MARTIN	1,455,683	An opportunity participate in positive youth development activities. Activities are provided through classroom based education, mentoring and parenting groups. Services are provided to local communities through the Request for Proposal (RFP) process and awarded annually.	
Newborn Hearing Screening	MELISSA GRIFFIN	880,862	Clients Served: Target population of Project Launch is children 0-8 years of age, their families, and their caregivers. Additional project focus is on the Infant and Early Childhood System, including policies and workforce development.	
			The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.	The Oklahoma NHSP continued to implement and enhance statewide newborn hearing screening efforts. This included evaluating the Oklahoma NHSP progress regarding the National Early Hearing Detection and Intervention (EHDI) goals through analysis completed by the Quality Assurance/Data Coordinator; enhancing data collection opportunities to ensure children received recommended screening and follow-up services in accordance with national guidelines to reducing "loss to follow-up" for every occurrent birth through the three components of the EHDI process (screening, diagnosis, and intervention); analyzing collected EHDI data and using the findings to guide the program and engage stakeholders; and strengthening the EHDI Information System (IS) by using and disseminating evaluation results.
Immunization		216,321	The number of clients served is based on annual submission of the Population Estimate Survey (PES) which represents state-level Medicaid enrollment data for children under 19 years of age. CY2016: 997,451, CY2017: 1,002,484, CY2018: 1,012,060	Administer federal VFC program supplying vaccines to > 840 Oklahoma healthcare providers to administer to eligible children to protect them from vaccine-preventable diseases.
Viral Hepatitis Surveillance		7,512,320	Oklahomans who are infected with Hepatitis B and/or Hepatitis C viruses	Increased electronic laboratory reporting of hepatitis B and C test results from commercial laboratories (6) for improved timeliness and completeness of viral hepatitis surveillance.
		351,072		

CDC Tobacco Program			The federal funds for tobacco control are meant to impact health outcomes for all Oklahomans. The funds provided by the CDC cannot be utilized for direct services with the exception of the Helpline. The funds are utilized to implement a comprehensive tobacco control program focused on population based strategies. The tobacco tax revolving funds are utilized to provide tobacco cessation counseling services through the Oklahoma Tobacco Helpline. These direct services are available for all Oklahomans. Additionally, the funds are used to fund 5 tribal nations, one Latino service contractor and one African American service contractor to provide population based comprehensive tobacco control programs.	<ul style="list-style-type: none"> * Decreased middle school cigarette use from 4.8% (FY13) to 4.1% (FY15). * Decreased high school cigarette use from 16% (FY13) to 14.6% (FY15). * Increased the proportion of Oklahomans that are not exposed to SHSE in the workplace from 85.2% to 89.9% (BRFSS, 2016). * Increased the proportion of Oklahomans that were not exposed to SHSE in the home from 89.9% to 90.5% (BRFSS, 2016).
Early Hearing Detection		2,588,416	The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.	The Oklahoma NHSP continued to implement and enhance statewide newborn hearing screening efforts. This included evaluating the Oklahoma NHSP progress regarding the National Early Hearing Detection and Intervention (EHDI) goals through analysis completed by the Quality Assurance/Data Coordinator; enhancing data collection opportunities to ensure children received recommended screening and follow-up services in accordance with national guidelines to reducing "loss to follow-up" for every occurrent birth through the three components of the EHDI process (screening, diagnosis, and intervention); analyzing collected EHDI data and using the findings to guide the program and engage stakeholders; and strengthening the EHDI Information System (IS) by using and disseminating evaluation results.
To Build and Strengthen Epidemiology, Laboratory and Health Information Systems		85,762	All Oklahomans (est 3.9 million population) benefit from surveillance of and response to communicable diseases of public health importance, including respiratory diseases, mosquito-transmitted infections, foodborne and waterborne illnesses, and vaccine-preventable diseases.	ELC federal grant supports electronic disease surveillance systems, new laboratory methodologies to detect outbreaks & emerging infectious disease threats, and strengthens outbreak response.
Pregnancy Assistance		1,467,970	Tulsa and OKC public schools, Secondary students in 10th-12th grades who are parenting or pregnant, families of pregnant and parenting youth, pregnant and parenting students at self-selected colleges in OKC and Tulsa, pregnant and parenting youth seeking clinical services at OCHHD or TCCHD, staff who work parenting teens and young adults	
Primary Care	JOYCE MARSHALL	1,342,438	We provide services that affect the rural and underserved populations, which equals 1,166,000 in Oklahoma	Primary care needs analysis that identifies critical areas of health professional shortages; Securing additional federal resources including loan repayment and scholarship awards for health care providers serving in health professional shortage areas
Community Based Child Abuse Prevention (CBCAP)		132,850	Target Population includes Parents (all, new, teens, etc); Parents and/or children with disabilities; Racial and ethnic minorities; Members of underserved or underrepresented groups; Fathers; Homeless families and those at risk of being homeless; Unaccompanied homeless youth; and Adult former victims of child abuse and neglect or domestic violence. Oklahoma utilizes the majority of CBCAP funds to support existing level IV programs and to provide infrastructure to other programs, including such things as: training opportunities, building state systems (like the Oklahoma State Plan for the Prevention of Child Abuse and Neglect), collaboration with other systems, programs and agencies and serving as the lead for all things primary prevention. CBCAP funds are allotted to each state based on the following criteria: 70% based on number of children under age 18 residing in each state and 30% based on the amount of private, state, or other non-federal funds leveraged and directed through the currently designated lead agency in the preceding fiscal year.	
Enhanced Tobacco Quitline	BETH MARTIN	904,085	The CDC Quitline Enhancement provides services for all Oklahomans but there is a specific focus on the populations that are disproportionately affected by tobacco dependence. The funds are utilized to make sustainable health system changes to incorporate evidence based practices within the system to ensure all people are provided tobacco treatment interventions.	35,079 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through referral from a healthcare provider.
Child Lead Poisoning Prevention		234,102	The Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) maintains all blood lead surveillance for the state of Oklahoma. The Program receives blood lead tests for approximately 50,000 children in the target screening ages (6 months to 72 months) per year. The program also receives approximately 20,000 blood lead test results for other age groups. The program provides case management and follow-up services for children up to 72 months of age who have blood lead levels of 5 micrograms per deciliter or greater.	The program passed new Board of Health Rules emphasizing that Oklahoma is a universal screening state, which means that ALL children SHALL receive blood lead screening at 12 months and again at 24 months. The OCLPPP provided training to providers through a collaboration with the Oklahoma Health Care Authority to emphasize this information and conducted outreach activities with medical providers to notify them of the rule updates. It is expected that this rule change and outreach information will increase blood lead screening from the current low of approximately 20% of eligible children, to at least 30 % initially, with subsequent increases as additional outreach activities are conducted. The program's change to a new surveillance system increased electronic lead reporting from a low of 65% to almost 90% at the end of the year.
1305 PPHF Diabetes, Heart, Obesity		233,666	All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served 250,000+.	422,182 children, youth and employed adults were covered by a wellness policy (physical activity and nutrition)
1305 Non-PPHF Diabetes, Heart, Obesity		552,253	All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served is 250,000+.	422,182 children, youth and employed adults were covered by a wellness policy (physical activity and nutrition)
1422 Component 1 - Diabetes, Heart Disease		458,989	Estimated number of clients served is 500,000.	41 community locations that implemented nutrition and beverage standards and 119,879 citizens impacted by the change. 118 community venues that promote physical activity, and 183,096 citizens with access to opportunities for physical activity. 4 communities developed walking and pedestrian plans with 137,949 citizens impacted.
Prevent Block		3,712,305	Entire state served with specific target populations that include: disparate race and ethnicity populations, public health workforce, teenagers at risk for unintended pregnancy, infants and parents.	Reduce motor vehicle crash-related deaths; increase the proportion of State and local public health agencies that have implemented an agency-wide quality improvement process; Prevent an increase in fall-related deaths; Prevent an increase in poisoning deaths; Establish, maintain, and promote a digital library for OSDH central office and county health department employees on the OSDH intranet site; Offer and maintain cloud-based video conferencing system trainings for 100% of OSDH and county health department employees can be recorded and archived for instant access at any time, providing the most accurate and immediate public health information; Maintain a comprehensive motor vehicle-related injury prevention program that includes implementation and support of child safety seat distribution and education programs.
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Formula Grant	BETH MARTIN	1,573,091		
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovative Grant	BETH MARTIN	6,349,850	Supports evidence-based home visiting programs in Tulsa and Oklahoma Counties	
		1,592,566	Supports evidence-based home visiting	

Breast & Cervical Cancer (1701)			The Breast and Cervical Cancer Program (also known as the Take Charge) provides free breast and cervical cancer screening and limited diagnostic services for program eligible women. The general eligibility guidelines include: Oklahoma woman who is low income (185% of current federal poverty level) and uninsured or underinsured. The priority population for breast cancer screening is women 50 years of age and older. The priority population for cervical cancer screening is women 35 years of age and older. For every \$3 federal dollars there is a \$1 dollar state match requirement. Take Charge is required to assure that women are not eligible for other program before providing services through the program. Take Charge began screening in 1995. Approximately 68,602 women have been screened through the program to date, and among those approximately 530 breast cancers have been diagnosed and approximately 38 cervical cancer have been diagnosed.	A total of 2,809 women were eligible for services through Take Charge! Of these eligible women, 2,083 women were provided services using only federal funds in FY 2017. The Oklahoma Central Cancer Registry has received the gold certification from the North American Association of Central Cancer Registries (NAACCR). This certification is based on quality, completeness and timeliness of data collected for 1997- 2014.
Ryan White		2,946,426	Low income Oklahomans who are HIV-infected.	Eligible clients receive one or more of the following: medications, insurance premiums, co-pay assistance, HIV case management, dental services, laboratory services, transportation to medical appointments, and mental health and substance abuse services.
HIV Prevention		22,062,510	Persons at high-risk for sexually-transmitted diseases (STDs); those under 30 yrs of age, African American and Hispanic populations, men who have sex with men, and injection drug users.	22,255 persons screened for HIV. 92% of patients with positive HIV tests located to conduct case-contact interview, provide prevention counseling, and refer for treatment & care.
HIV Surveillance		2,163,143	Maintaining effective surveillance for HIV is integral for disease prevention and control; therefore, all Oklahomans at risk of HIV transmission benefit. As of 12/31/2016, 5,954 Oklahomans were living with HIV or AIDS, 55% were aged 40-59 years. In CY2016, 295 newly diagnosed cases of HIV were reported and investigated.	98.5% of newly diagnosed cases of HIV reported to OSDH within 6 months of diagnosis; increase completeness of CD4 cell count and viral load tests reporting to 85% to monitor and increase retention in care.
Pregnancy Risk Assessment		687,256	Oklahoma infants and women of childbearing age (15-44 years). Estimated target population 820,840. Annual sample approximately 2,500	
STD Prevention	JOYCE MARSHALL	116,951	All Oklahomans at high-risk to acquire a sexually-transmitted disease (STD), including women under 26 years of age, persons of both genders with multiple sex partners, partners to someone infected with a STD, injection drug users and men who have sex with men.	Approx 850 syphilis cases and 5,278 sexual partners received partner services/testing/treatment. Investigated/provided partner services for 332 gonorrhea cases and 1,438 partners.
Mother and Child Health (MCH)	JOYCE MARSHALL	3,293,731	Pregnant women, infants, children ages 1-22 years old, other (including fathers and women and men of reproductive age)	
Children First	BETH MARTIN	6,595,640	Children First is the Oklahoma Nurse Family Partnership home visiting program that serves first time mothers, enrolled before 26 weeks gestation to the child's 2nd birthday.	
Genetic Counseling/Licensure		4,650	Licensed Genetic Counselors	The Oklahoma State Department of Health had 88 licensed genetic counselors during FY17.
Licensure Health Facilities			Clients Served for Facility Services Division includes all licensed and certified hospitals and consumers of those hospitals; Ambulatory Surgical Centers and surgery patients, and Workplace Drug and Alcohol Testing Facilities and employees and employers who utilize the services of such facilities. Additionally, licensure services for long-term care facilities serve an estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.	Facility Services Division conducted 159 surveys & complaint surveys, issued 380 licenses which involve 17,669 beds. The Long Term Care Service conducted 3,537 investigations. In addition, OSDH received and processed 1,260 complaints and 46,538 incident reports. Services provided Actions performed by the Health Resources Development Service include the following: Nurse aides certified, 12,063; Nurse aide certification renewals, 25,958; Nurse aide training program inspections, 196; Home care administrators certified, 104; Home Care Administrator Certification Renewals, 831; Certified workplace medical plans certification renewals, 2; Certified workplace medical plan annual inspections, 5; Long term care facility licenses issued and renewed, 896; Certificate of Need for nursing facilities issued & exemptions, 48; Certificate of Need for psychiatric facilities issued, 4.
Home Health Care		1,713,883	Patients receiving Home Health services and all Home Health agencies in the State	Total number of surveys completed were 205, total licensed agencies were 374 with 519 additional branches. There were 302 deficiencies cited. With 2.4 deficiencies cited per survey.
National Background Check		208,250	In excess of 1,000 Nursing, Adult Day Care, Residential Care, Assisted Living and Continuum of Care facilities; Home Health and Hospice agencies; home and community based waiver service providers; the staffing agencies and independent contractors support them; and the staff seeking employment.	Connected Applications, 33,112; New Fingerprints Collected, 26,599; Total Applications, 59,711; Ineligible Background Checks Completed, 331; Appeals Granted, 90; Appeals Denied, 51; Applicants with In State Charges, 2,991; Applicants with In State and Out of State Charges, 823; Applicants with Out of State Charges, 1,491; Monitored Records, 521; Monitored Record Disqualifications, 51.
HCA Civil Monetary Penalty		1,521,991	Potential clients are approx 300 nursing homes and 19,000 nursing home residents in Medicare and/or Medicaid certified nursing homes (skilled & long-term care)	7 projects funded to benefit "8,500 nursing home residents among ~150 participating nursing homes; composite score improved from 9.5 to 8.8; ~150 nursing homes participating
Trauma Care Assistance		2,786,522	The Trauma Fund supports the public health safety net that provides appropriate emergency medical care to severely injured patients. Oklahoma licensed physicians, hospitals, and EMS agencies are eligible for reimbursement for uncompensated major trauma care expenses.	Based on reporting to the Trauma Registry, care was provided to 7053 patients that met reporting criteria. Reimbursement was distributed to 61 EMS agencies, 76 hospitals and 650 physicians.
Heirloom Birth Certificates		22,081,972	Heirloom Funds are utilized to provide trainings for home visitors providing home visitation services to families with children birth to 13, first time mothers and prenatal to three. Trainings are open to all home visitation programs serving these populations throughout Oklahoma.	
EMT Death Benefits	BETH MARTIN	122,000	The designated beneficiaries of personnel who die in the line of duty are paid by the Department a \$5,000.00 benefit.	1 Payout to a surviving spouse.
Rural EMS		20,000	Any certified or licensed EMS agency, approved training institutions, approved dispatch agencies, medical directors, ems personnel, or associations or sponsoring organizations. Expenditures are limited to statutory approved purposes. (O.S. 63-1-2512-1)	FY 17: 12 contracts - Maximum contracted amount - \$1,147,060.44
Dental Loan Payment		1,263,385	Medicaid clients dependent upon the State for dental care, predominantly children; New dentists receiving assistance with dental school loan repayment	
Oklahoma Athletic Commission		791,740	Professional Boxers, Elimination, Tournament Participants, Second Professional Mixed Martial Artists, Amateur Mixed Martial Artists, Promoters, Vendors, Timekeepers, Matchmakers, Referees, Judges, Announcers, Professional Wrestlers	1800 Combat Sports Licensees and 270 Commission Sanctioned Combative Sporting Events.
Jail Inspection		435,232	131 County, City, and Ten Day Lock-up detention facilities housing approximately 12,000 inmates.	FY17: annual inspections=134; complaints and incidents reports received = 274; complaints and incidents reports worked = 147; revisits conducted = 72; Detention officers tested = ~2,500; facility tests administered = ~270.
Long Term Care		178,380	An estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.	FY 17: The total number of facilities for Long Term Care was 688 consisting of 45,419 licensed beds. The Long Term Care Service conducted 3,148 investigations. In addition, we received and processed 1,054 complaints and 49,072 incident reports
Quality Improvement and Evaluation		11,094,403	National Practitioner Data Bank Reporting: The DHHS National Practitioner Data Bank, individuals and entities who are reported with sanctions, and health care providers who use the system to conduct queries on providers and individuals. Quality Assurance & Data Systems: Protective Health Services Program surveys and staff, CMS project managers, software vendors and other public and private entities that use ASPEN, ACO, JADM, CMNet and the QIES Data System and require support in QA activities. Minimum Data Set (MDS): Nursing facilities and staff; Swing bed hospital providers; privately owned software vendors; State Medicare and Medicaid surveys; other State and Federal Agencies; clients of Medicare and Medicaid facilities. Outcome Assessment and Information Set (OASIS): Medicare certified home health agencies and staff; privately owned software vendors; State Medicare surveys; miscellaneous other State and Federal agencies; and clients of Medicare agencies.	Surveys and Staff Supported, 200; QA Projects, 5; MDS Trainings, 12; MDS Training Participants, 486; MDS HelpDesk contacts, 959; OASIS Trainings, 2; OASIS Training Participants, 179; OASIS HelpDesk contacts, 450
		343,353		

Tribal Liaison		<p>Internal Customers: OSDH leadership, deputy commissioners, regional health directors, program managers and staff</p> <p>External Customers: Tribal leaders, health directors, public health authorities, state and federal agencies, health boards, and community partners</p> <p>The primary function of this office is to promote government to government relationships with Oklahoma's 39 tribal sovereign nations. The office assures compliance with the OSDH Tribal Consultation Policy, promotes opportunities for OSDH staff to establish their own relationships with key stakeholders within Oklahoma's complex Indian health system, establishes cultural competency training for OSDH staff, develops methodology to evaluate the performance of the Office and of all sub-contractors, and provides technical assistance to county health department administrators, accreditation coordinators and state office staff. The Tribal Liaison is the first point of contact for tribal nations. This office conducts or participates in tribal leader visits, tribal nation site visits, service unit meetings as needed; participates in state and federal tribal consultations, facilitates linkages between other state agency tribal liaisons; aids in recruiting Native American stakeholders across a broad range of public health issues.</p>	<p>Increase mutual understanding among Tribal Nations & OSDH to inform American Indian (AI) health decisions; - 85% of Tribal Public Health Advisory Committee (TPHAC) members express mutual understanding & collaboration satisfaction with OSDH; Collaborative efforts among Tribal Nations, community partners, & OSDH that are mutually beneficial - 4 Tribal Nations or tribal serving entities collaborate with OSDH on public health initiatives; Communication, knowledge dissemination & awareness that OTI & OSDH exist as trusted resources - 75% of internal & external customers indicate OSDH provides open communication & is a good role model for tribal-state collaborations; Increased Cultural intelligence knowledge & skills within OSDH workforce - 65% of internal customers who sought consultation on how to effectively collaborate with Tribal Nations indicate increase in knowledge & skills</p>
		311,555	

Oklahoma Birth Defects (OBDR)			The Oklahoma Birth Defects Registry is a statewide, active population-based surveillance registry that monitors the state's 53,000 annual births.	The program continued to enhance birth defects surveillance through increasing the number of records remotely accessed, and increasing the proportion of cases identified prenatally through external collaborations. The program revised the programs policy and procedure manual as well as transitioned from utilizing ICD-CM-9 discharge codes to ICD-CM-10. The OBDR established variables and was able to link children with critical congenital heart defects to pulse oximetry screening results reported to the Newborn Screening Program allowing for the opportunity to develop reports and target education to birthing hospitals. The program also expanded referral for services to include children identified with cytomegalovirus and neural tube defects. The program also developed and provided education to midwives across Oklahoma regarding pulse oximetry screening for critical congenital heart defects.
Child Guidance		137,832	The population served through the Child Guidance Program is children birth to 13 years, their families and caretakers.	
Hepatitis	BETH MARTIN	1,589,175	Oklahomans at high-risk to acquire hepatitis B and/or hepatitis C	Increased electronic laboratory reporting of hepatitis B and C test results from commercial laboratories (6) for improved timeliness and completeness of viral hepatitis surveillance.
TSET Wellness - Tobacco Control and PAN		88,753	49 TSET Healthy Living Program (HLP) grantee organizations covering 63 counties and reaching 94% of the state's population as well as the Health Systems Initiatives (HSI) grantees	Completed 492 requests for technical assistance and reviewed 709 local wellness policies
FitnessGram		75,937	92,144 current clients served (FY16-FY18). Clients are public school students.	48,875 students completed the assessment
Leukemia		50,000	Persons diagnosed with leukemia or lymphoma.	N/A
Organ Donor Awareness		130,000	The campaign reached more than 650,000 households and resulted in 1,471,549 media impressions in FY-17. Currently in the United States, there are 116,257 candidates on the national organ transplant waiting list, and about 691 of them are Oklahomans.	58% of the OK population or 1,649,580 adults have the little red heart on their license or identification card.
Rape Prevention		428,038	Clients include youth and young adults aged 12-24 years (served in middle and high schools, vocational and university settings, youth groups, tribes, and other locations), school and university staff, staff who work with youth, family members of youth, community members in the contracted communities, and Oklahoma Prevention Leadership Committee members and their constituencies.	Five contracts with community-based domestic violence/sexual assault service providers for 1 FTE to provide evidence-based primary prevention activities, interventions, and programs in organizations serving youth and young adults, in order to decrease sexual and dating violence. Total student reach was over 13,250 students.
Drug Overdose		1,156,277	Clients served include the statewide population, with special attention to prescribers and dispensers of opioids in Oklahoma, high-risk counties (identified by a combination of overdose deaths, hospitalizations, and high-prescribing rates); stakeholders that utilize drug overdose data, including the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC), Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, regional prevention coordinators, county health departments, public health professionals, mental health professionals, community advocates, lawmakers, and addiction specialists.	In FY17, Through partial funding from the Injury Prevention Service, the OBNDDC successfully transitioned to a vendor-hosted system with Aprisma. This transition included improved registration data for registrants and improved linking of providers and delegates. The new PMP system included an important clinical tool as part of the dashboard, calculation of morphine milligram equivalents for opioids. The Injury Prevention Service identified high-risk focus areas and developed a pain management practice facilitation program for practitioners in the high burden communities. The Injury Prevention Service responded to 46 data requests, 24 requests for a total of 13,050 copies of printed educational materials, 13 media requests, and 19 presentations to 781 individuals regarding prescription drug overdose and prevention efforts.
WIT - Meaningful Use		1,691,710	All citizen	Implementation of an interoperability system to provide a method for health care providers to submit near real time, standardized, and quality public health data including immunizations, reportable disease lab results and case reports, and cancer case reports; link health and human services records across state agencies to identify duplication of effort, evaluate treatment and service outcomes, and to support policy decisions; develop a Child and Adolescent record to support data driven decisions regarding HHS services to the youth of Oklahoma; and develop a provider directory to inform work force development strategies to improve access to care.
Quality Improvement		882,684	Internal Customers: Senior Leadership, deputy commissioners, regional health directors, program directors, program managers, and all agency staff	Develop an operational dashboard of at least one metric per each service unit and program to include metrics and targets; Develop a culture of continuous quality improvement through integrating and sustaining QI activities. Stand up Quality Improvement Council to to act as the agency's steering committee for its continuous Quality Improvement efforts; Develop an Oklahoma specific assessment tool to assess the organization areas of strength, weakness, and opportunities; Conduct assessment of OSDH including the central office and services provided to the county health departments utilizing the assessment tool; Analyze data to identify areas of focus, eliminate duplication, gaps in coverage/services, and maximize resources, and develop a framework to address opportunities for improvement.
The Center for Health Innovative & Effectiveness (CHIE)		268,987		Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74%; Reduce heart disease deaths by 11% by 2020; Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 3656 in 2013 to 1324.8 by 2020 (2019 data); Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% by 2019. (Update 2015: 68.51%); Create a system of outcome driven healthcare that supports patients and healthcare providers in making decisions that promote health by emphasizing preventive and primary care and the appropriate use of acute care facilities.
Partner Engagement		1,718,109	Statewide services offered, primarily focused on the uninsured or underinsured populations, health care provider shortage areas and medically underserved areas. Entire state of Oklahoma	Oklahoma & Community Health Improvement Plans (OHP & CHIPs): Decrease teen births and infant mortality; Improve overall immunization compliance; Develop official statewide partnerships to provide funds, training, and resources for Coordinated School Health (WSC) to school districts across the state; Provide technical assistance and support to over 70 community coalitions across state. Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1422, and community hospital needs assessments; Partnership engagement with OUHSC College of Public Health, Oklahoma Alliance for WICAA, and Alzheimer's Association, Oklahoma Chapter. Completed statewide Health Impact Assessment (HIA) on Four Day School Week and Impact on Academic Performance, Food Insecurity, and Juvenile Crime; Assist with the development and coordination of the Annual Turning Point Conference & Policy Day with 365 attendees.
Minority Health		1,287,688	Entire state of Oklahoma	Office of Minority Health projects 60 Spanish interpretations and 50 written translations.
		328,498		

ASTHD Contract			Choctaw Nation members with high blood pressure who access pharmacy services at the tribal health center in McAlester.	Thirty (30) patient visits took place at the Pharmacy Hypertension Clinic during the month of January; 18 were initial visits and 12 were follow-up visits. Of the 12 follow-up visits, 10 reduced their blood pressure and had adhered to their treatment plan while three (3) had controlled blood pressures.
Ardmore Institute of Health		138,695	300 OSDH employees will participate in a worksite wellness program funded by the Ardmore Institute of Health. The program focuses on increasing physical activity levels.	N/A
		30,121		
		240,430,790		
STD Data Processing				
Women, Infant and Children (WIC)		2,643,502		
HPP and PHEP Cooperative Agreement		642,356		
School Based Surveillance - YRBS		609		
Personal Responsibility Program (PREP)		751		
Oklahoma State Systems Development		4,297		
Tuberculosis Elimination and Laboratory Cooperative Agreement		64,101		
Core Violence and Injury Prevention		5,584		
OK Opioid Overdose Surveillance		62,207		
Violent Death Reporting		6,924		
Family Planning		108,375		
Abstinence Education		8,033		
Project Launch		19,473		
Newborn Hearing Screening		2,137		
Immunization		581,196		
Viral Hepatitis Surveillance		41,816		
CDC Tobacco Program		37,179		
Early Hearing Detection		64,238		
To Build and Strengthen Epidemiology, Laboratory and Health Information Systems		333,819		
Pregnancy Assistance		2,812		
Primary Care		6,886		
Community Based Child Abuse Prevention (CBCAP)		6,092		
Child Lead Poisoning Prevention		6,255		
1305 PPHF Diabetes, Heart, Obesity		22,068		
1305 Non-PPHF Diabetes, Heart, Obesity		13,253		
1422 Component 1 - Diabetes, Heart Disease		59,737		
Prevent Block		21,444		
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Formula		28,033		
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovative		1,999		
Breast & Cervical Cancer		120,949		
Ryan White		146,055		
HIV Prevention		53,914		
HIV Surveillance		17,151		
Pregnancy Risk Assessment		5,535		
STD Prevention		190,157		
Mother and Child Health (MCH)		168,435		
Children First		162,540		
Licensure Health Facilities		79,411		
Home Health Care		13,409		
National Background Check		72,862		
WCA Civil Monetary Penalty		3,254		
Trauma Care Assistance		295,739		
Dental Loan Payment		8,752		
Oklahoma Athletic Commission		6,047		
Early Foundation		5,248		
Jail Inspection		12,610		
Long Term Care		537,098		
Public Health Accreditation		26,850		
Quality Improvement and Evaluation		80,863		
Records Evaluation & Support		165,174		
Tribal Liaison		8,995		
Oklahoma Birth Defects (OBDRI)		2,532		
Child Guidance		167,955		
Hepatitis		8,895		
TSET Wellness - Tobacco Control and PAN		75,425		
FitnessGram		81,001		
Rape Prevention		9,771		
Drug Overdose		27,600		
HIV - Meaningful Use		2,843,256		
Quality Improvement		7,193		
The Center for Health Innovative & Effectiveness		41,816		
Partner Engagement		37,699		
Minority Health		11,735		
ASTHD Contract		1,305		
Ardmore Institute of Health		76		
TOTAL		10,287,783		
FY-19 program totals include State, Federal, and Revolving funds and FY-19 Appropriation Request.				

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	Women, Infant and Children							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	6.07	183.78	21.78	0.00			211.63		211.63
<u>Program Breakdown by Fund:</u>									
State	323,664						323,664	6,801	330,465
Federal	-	84,168,035		-			84,168,035	2,628,455	86,796,490
Miillage			987,310				987,310	8,246	995,556
TOTAL	323,664	84,168,035	987,310	-	-	-	85,479,009	2,643,502	88,122,511
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	6,801	13,154,885	8,246	-			13,169,932		13,169,932
Salaries & Benefits	323,664	11,888,895	987,310				13,199,869		13,199,869
Travel	-	186,926					186,926		186,926
Other Operating Costs	-	61,565,784					61,565,784		61,565,784
	330,465	86,796,490	995,556	-	-	-	88,122,511	-	88,122,511
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Serving overage monthly caseload of 80,000 participants									
<u>Outcomes:</u>									
FY-16									
Completed statewide implementation of electronic WIC benefits (eWIC), replacing paper food instruments with a mag stripe benefits card. Implementation of eWIC has improved customer service/satisfaction, clinic efficiency, streamlined check out at the grocery store, and provided real time redemption payment.									
FY-17									
Implemented processes to streamline clinic functions to improve participant experience during their WIC visit. Nutrition video conferencing, self-paced nutrition education were implemented statewide. There was an increased usage of on-line nutrition education, with 5,657 participants utilizing this service. Obesity level for children 2 – 5 years of age, participating in the program, continued to decrease to 16%, a decrease of 2.6 % from 2012. Breastfeeding initiation rates increased to 73.2%, a 2.4% increase from 2012.									
FY-18 projected									
A social media campaign was completed with the implementation of a WIC Facebook page. In the process of implementing texting participants for appointment reminders. We are now accepting electronic proof of income and residency. Currently working with Head Start statewide for adjunct income eligibility. Currently streamlining forms used in WIC to improve clinic efficiencies. We are projecting obesity levels in children ages 2-5 participating in WIC to continue to decline.									

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	HPP and PHEP Cooperative Agreement						ISD Data Processing	TOTAL	
						Total			
<u>FTE:</u>	11.84	29.25	2.09			43.18		43.18	
<u>Program Breakdown by Fund:</u>									
State	1,112,975					1,112,975	27,907	1,140,882	
Federal	-	10,112,648	-	-		10,112,648	614,449	10,727,097	
Revolving			105,622			105,622	-	105,622	
TOTAL	1,112,975	10,112,648	105,622	-	-	-	11,331,245	642,356	11,973,601
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	27,907	614,449	-	-		642,356		642,356	
Salaries & Benefits	1,062,099	3,064,092	105,622	-		4,231,813		4,231,813	
Travel	3,743	184,896		-		188,639		188,639	
Other Operating Costs	47,133	6,863,660		-		6,910,793		6,910,793	
	1,140,882	10,727,097	105,622	-	-	-	-	11,973,601	
<u>Revenue Generated:</u>									
<u>Clients Served:</u>									
3.9 million citizens of the State of Oklahoma. The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of federal funding designed to help health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. The PHEP cooperative agreement also includes funding for the National Hospital Preparedness Program (HPP) which prepares the healthcare system to save lives through the development and sustainment of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together. Required activities include the development, revision and testing of local and state level public health and medical system emergency preparedness plans, programs and capabilities focused on strengthening emergency response in designated domains.									
<u>Outcomes:</u>									
FY-16									
Conducted 25 emergency preparedness drills and exercises, executed contracts with 101 hospitals and 61 EMS agencies to fund emergency preparedness planning activities, funded the Oklahoma Regional Medical Response System (RMRS) covering the 8 designated homeland regions, funded state health department and 70 local health department's preparedness planning activities, funded program administration/ongoing development of the Oklahoma Medical Reserve Corps comprised of 5,002 volunteers, and funded development/maintenance of local and state level public health and medical system emergency preparedness plans.									
FY-17									
Conducted 44 emergency preparedness drills and exercises, executed contracts with 91 hospitals and 58 EMS agencies to fund emergency preparedness planning activities, funded the Oklahoma RMRS covering the 8 designated homeland regions, funded state health department and 70 local health department's preparedness planning activities, funded program administration/ongoing development of the Oklahoma Medical Reserve Corps comprised of 5,214 volunteers, and funded development/maintenance of local and state level public health and medical system emergency preparedness plans.									
FY-18 projected									

Conducted/have planned 64 emergency preparedness drills and exercises, funded the Oklahoma RMRS to support 7 affiliated regional HCCs in 8 designed homeland security regions, funded state health department and 70 local health department's preparedness planning activities, funded program administration/ongoing development of the Oklahoma Medical Reserve Corps comprised of 5,580 volunteers, and funded development/maintenance of local and state level public health and medical system emergency preparedness plans.

	School Based Surveillance - YRBS							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	0.86						0.86		0.86
<i>Program Breakdown by Fund:</i>									
State	-						-	-	-
Federal	64,391	-	-	-			64,391	609	65,000
Revolving			-				-	-	-
TOTAL	64,391	-	-	-	-	-	64,391	609	65,000
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	609	-	-	-			609		609
Salaries & Benefits	51,326	-	-	-			51,326		51,326
Travel	3,700	-		-			3,700		3,700
Other Operating Costs	9,365	-		-			9,365		9,365
	65,000	-	-	-	-	-	65,000	-	65,000
<i>Revenue Generated:</i>							-		-
<i>Clients Served:</i>									
Oklahoma public school students, grades 9-12, target population approximately 190,000 students, biennial sample size approximately 1,500									
<i>Outcomes:</i>									
FY-16									
Public release of report (Trends in Prevalence for Selected Health Statistics), fact sheets (Health Risk Behaviors & Academic Achievement, Don't Believe the Hype) , and manuscript (Prescription Drug Misuse and Associated Risk Behaviors among Public High School Students in Oklahoma). YRBS data used for reporting in Title V MCH Block Grant Application/Annual Report. YRBS data are used to inform decision making and strategic planning for child and adolescent programs. YRBS is unique in providing population-based data on health risk behaviors closely associated with injury, sexually transmitted infections, unintended pregnancy, and violence among the adolescent population.									
FY-17									
Administration of the 2017 YRBS questionnaire and receipt of weighted data for analysis with overall response rate at 74%. Preparation of data briefs (Unsafe Driving Behaviors by Public High School Students in Oklahoma, Bullying & Selected Risk Factors), a report (Suicide among Youth aged 10-24 Years in Oklahoma), and infographics (Nutrition, Obesity, Unsafe Driving Behaviors). YRBS data were used for Block Grant reporting and to inform teen pregnancy prevention efforts within the state.									
FY-18 projected									
Preparation for conducting the 2019 YRBS. Collaborating with MCH staff and partners to complete and release analyses - YRBS trend monitoring report; updating infographics on nutrition, obesity, and unsafe driving; fact sheets covering tobacco use and adolescent obesity; and data briefs focused on teen dating & sexual violence, academic performance and risk behaviors, and depression and suicidal ideation.									

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	Personal Responsibility Program (PREP)						ISD Data Processing	TOTAL
						Total		
<u>FTE:</u>	0.3					0.30		0.30
<u>Program Breakdown by Fund:</u>								
State	-					-	-	-
Federal	704,152	-	-	-		704,152	751	704,903
Revolving			-			-	-	-
TOTAL	704,152	-	-	-	-	704,152	751	704,903
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	751	-	-	-		751		751
Salaries & Benefits	40,215	-	-	-		40,215		40,215
Travel	700	-	-	-		700		700
Other Operating Costs	663,237	-	-	-		663,237		663,237
	704,903	-	-	-	-	704,903	-	704,903
<u>Revenue Generated:</u>								
						-		-
<u>Clients Served:</u>								
Middle and high school students in OKC and Tulsa counties, Out-of-home youth, Teen Pregnancy Prevention Specialists								
<u>Outcomes:</u>								
FY-16								
4,446 youth were provided teen pregnancy prevention curriculum, Making Proud Choices or Making a Difference, in Oklahoma and Tulsa counties. Trainings were provided to the staff teaching the curriculum, including curriculum and protocol training. (Numbers reflect students in program October 1, 2015 - September 30, 2016.)								
FY-17								
4,525 youth were provided with evidence-based teen pregnancy prevention curricula in Oklahoma and Tulsa counties. Trainings were provided to Teen Pregnancy Prevention Specialists on positive youth development, curriculum training, trauma-informed practices, classroom management, and human trafficking. (Numbers reflect students in program October 1, 2016 - September 30, 2017.)								
FY-18 projected								
Approximately 4,500 Oklahoma and Tulsa county youth will be provided with evidence-based teen pregnancy prevention curricula, including out-of-home youth and students in middle and high schools. Teen birth rates in Oklahoma County have decreased from 44.2 per 1,000 females aged 15-19 in 2013-2015 to 39.2 in 2014-2016. In Tulsa, teen birth rates have decreased from 35.7 in 2013-2015 to 34.3 in 2014-2016.								

	Oklahoma State Systems Development							ISD Data Processing	TOTAL
							Total		
FTE:	0.9						0.90		0.90
<u>Program Breakdown by Fund:</u>									
State	-						-	-	-
Federal	113,190	-	-	-			113,190	4,297	117,487
							-	-	-
TOTAL	113,190	-	-	-	-	-	113,190	4,297	117,487
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	4,297	-	-	-			4,297		4,297
Salaries & Benefits	85,663	-	-	-			85,663		85,663
Travel	8,175	-		-			8,175		8,175
Other Operating Costs	19,352	-		-			19,352		19,352
	117,487	-	-	-	-	-	117,487	-	117,487
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Oklahoma MCH population - women, infants, children and adolescents, including those with special health needs. Approximately 1.8 million target population									
<u>Outcomes:</u>									
FY-16									
Statistical and epidemiologic support for the Title V MCH Block Grant and the CoIN on Infant Mortality. Expanded data capacity in analysis and reporting for MCH service grant applications and program planning. Development of standardized birth files and linked infant death/birth datasets to be used for routine, ongoing analysis.									
FY-17									
Statistical and epidemiologic support for the Title V MCH Block Grant and the CoIN on Infant Mortality. Expanded data capacity in analysis and reporting for MCH service grant applications and program planning. Development of standardized birth and infant death files to be used for routine, ongoing analysis.									
FY-18 projected									
Statistical and epidemiologic support for the Title V MCH Block Grant and the CoIN on Infant Mortality. Expanded data capacity in analysis and reporting for MCH service grant applications and program planning. Development of standardized birth, infant death, and fetal death datasets to be used for routine, ongoing analysis. Creation of Tableau dashboards for reporting birth and death performance measures and minimum/core SSDI datasets.									

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	Tuberculosis Elimination and Laboratory Cooperative Agreement							ISD Data Processing	TOTAL
							Total		
FTE:	4.97	2.88	6.67				14.52		14.52
Program Breakdown by Fund:									
State	945,711						945,711	21,644	967,355
Federal	-	460,085	-	-			460,085	33,734	493,819
Millage			448,207				448,207	8,723	456,930
TOTAL	945,711	460,085	448,207	-	-	-	1,854,003	64,101	1,918,104
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	21,644	33,734	8,723	-			64,101		64,101
Salaries & Benefits	474,896	322,977	448,207	-			1,246,080		1,246,080
Travel	2,000	29,217	-	-			31,217		31,217
Other Operating Costs	468,815	107,891	-	-			576,706		576,706
	967,355	493,819	456,930	-	-	-	1,918,104	-	1,918,104
Revenue Generated:									
							-		-
Clients Served:									
In CY 2017, 54 cases of active tuberculosis (TB) were identified and received treatment; 1,219 Oklahomans were evaluated for latent TB infection. Statewide population benefits from TB prevention and control.									
Outcomes:									
FY-16									
Public Health Laboratory (PHL) processed 3,877 specimens for TB testing; 71.4% of Mycobacteria tuberculosis isolates were tested for drug resistance w/in 17 days. Among 78 cases of active TB disease, 78% completed treatment, 12 persons died. Nearly 75% of immigrants or refugees with abnormal chest X-rays received medical evaluation w/in 30 days of arrival in the state. Total of 1,506 contacts to cases tested for TB.									
FY-17									
Total of 5,546 specimens tested by PHL for TB; 76.2% of M. tb isolates tested for drug resistance w/in 17 days. Fifty-four cases of active TB disease received directly observed therapy coordinated by county health departments; 76.7% successfully completed treatment and 4 persons died from TB complications.									
FY-18 projected									
Five cases of multi-drug resistant TB undergoing intensive case management and targeted treatment. Fifteen new cases of active TB disease detected and started on directly observed therapy; 150 contacts of TB cases evaluated for latent TB infection. Nearly 3,000 specimens processed and tested for TB at PHL.									

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	Core Violence and Injury Prevention						ISD Data Processing	TOTAL
						Total		
FTE:	1.65					1.65		1.65
Program Breakdown by Fund:								
State	-					-	-	-
Federal	235,787	-	-	-		235,787	5,884	241,671
Revolving			-			-	-	-
TOTAL	235,787	-	-	-	-	235,787	5,884	241,671
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	5,884	-	-	-		5,884		5,884
Salaries & Benefits	159,653	-	-	-		159,653		159,653
Travel	5,000	-	-	-		5,000		5,000
Other Operating Costs	71,134	-	-	-		71,134		71,134
	241,671	-	-	-	-	241,671	-	241,671
Revenue Generated:								
Clients Served:								
The Oklahoma Core State Violence and Injury Prevention Program is a multifaceted program that works to increase statewide capacity for injury prevention and has four prescribed focus areas for injury prevention activities: traumatic brain injury, motor vehicle crashes, sexual violence, and child abuse and neglect. Clients served are, therefore, diverse and essentially cover the statewide population. Target populations of particular interventions include children aged 0-8 years, parents/caregivers of children aged 0-8 years, youth and young adults aged 10-24 years, youth sports participants and their parents and coaches, healthcare providers, leaders and policy makers, home visiting nurses, child-serving organizations, school boards and school staff, public health professionals, and injury prevention advocates.								
Outcomes:								
FY-16								
The funding for this program did not begin until FY 2017.								
FY-17								
Because of the diverse and qualitative nature of many activities incorporated in this program, quantitative outcomes are project-specific or difficult to determine. Examples of outcomes include supporting the Oklahoma Injury Prevention Advisory Committee; expanding the Rape Prevention and Education Program by funding an additional community-based primary prevention program; supporting 62 county health departments as car seat check stations in the statewide child safety seat installation and education program; a 92% child restraint usage rate statewide; development of a surveillance system to collect detailed information on all injury-related fatalities among children 0-8 years and entry of all 2016 deaths; providing online resources and technical assistance for schools developing concussion-related return to play and return to learn policies, and offering community-based education and trainings on sports-related concussion prevention and management.								
FY-18 projected								
Outcomes are again projected to be wide-ranging and will likely include the following examples: supporting the Oklahoma Injury Prevention Advisory Committee; maintaining community-based primary prevention of sexual violence; collecting 2017 early childhood injury fatality data and identifying new applications for the data that inform programs and policies to reduce child abuse and promote injury prevention; expanding sports-related concussion trainings for the community by partnering with Parks and Recreation; and maintaining or increasing the statewide child restraint usage rate by leveraging partnerships/resources and acquiring additional car seats for the installation program by requesting federal funds in carryover.								

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	OK Opioid Overdose Surveillance							ISD Data Processing	TOTAL
							Total		
FTE:	2.70						2.70		2.70
Program Breakdown by Fund:									
State	-						-	-	-
Federal	292,706	-	-	-			292,706	62,207	354,913
Revolving			-				-	-	-
TOTAL	292,706	-	-	-	-	-	292,706	62,207	354,913
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	62,207	-	-	-			62,207		62,207
Salaries & Benefits	174,265	-	-	-			174,265		174,265
Travel	6,892	-	-	-			6,892		6,892
Other Operating Costs	111,549	-	-	-			111,549		111,549
	354,913	-	-	-	-	-	354,913	-	354,913
Revenue Generated:									
Clients Served:									
Clients served include the statewide population, with special attention to stakeholders that utilize drug overdose (specifically opioid overdose) data, including the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, prescribers, dispensers, regional prevention coordinators, county health departments, public health professionals, emergency medical service providers, mental health professionals, community advocates, lawmakers, and addiction specialists.									
Outcomes:									
FY-16									
The funding for this program did not begin until FY 2017.									
FY-17									
Funding for the Oklahoma Opioid Overdose Surveillance Program (OOOSP) began in September 2016. During FY17, the Injury Prevention Service responded to 3 data requests utilizing unintentional opioid overdose death data compiled and analyzed using OOOSP funds. Reviewed and abstracted data on 196 unintentional opioid-related overdose deaths, including demographic information, decedent medical history, circumstances, and types of substances involved in the death. Reviewed 2,350 emergency medical service transports for suspected drug overdose (including prescription opioid and heroin overdose).									
FY-18 projected									
During FY18 to date, the Injury Prevention Service has responded to 12 data requests utilizing unintentional opioid overdose death data compiled and analyzed using OOOSP funds. Reviewed and abstracted data on 272 unintentional opioid-related overdose deaths, including demographic information, decedent medical history, circumstances, and types of substances involved in the death. Reviewed nearly 20,000 emergency medical service transports for suspected drug overdose (including prescription opioid and heroin overdose).									

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	Violent Death Reporting						ISD Data Processing	TOTAL
						Total		
<i>FTE:</i>	0.15	2.40				2.55		2.55
<i>Program Breakdown by Fund:</i>								
State	12,366					12,366	375	12,741
Federal	-	215,318	-	-		215,318	6,549	221,867
Revolving	-		-			-	-	-
TOTAL	12,366	215,318	-	-	-	227,684	6,924	234,608
<i>Program Breakdown by Items of Cost:</i>								
Program Reimbursements / Assistance	375	6,549	-	-		6,924		6,924
Salaries & Benefits	12,366	143,227	-	-		155,593		155,593
Travel	-	3,652	-	-		3,652		3,652
Other Operating Costs	-	68,439	-	-		68,439		68,439
	12,741	221,867	-	-	-	234,608	-	234,608
<i>Revenue Generated:</i>								
						-		-
<i>Clients Served:</i>								
Clients served include anyone who utilizes the data collected by this surveillance system or is impacted by the programs and policies informed by the data, including public health professionals, law enforcement, allied professionals in prevention, the general public, researchers and students, mental health professionals, the medical community, media, lawmakers, and many others. For example, the Oklahoma Department of Mental Health and Substance Abuse Services estimates that they alone have distributed the data to over 6,000 individuals in the past year.								
<i>Outcomes:</i>								
FY-16								
Calendar year 2016 surveillance on violent deaths included 836 suicide, 316 homicide/legal intervention, 7 unintentional firearm, and 66 violent undetermined deaths. Fourteen data requests were completed and four data reports were posted on the OSDH website and distributed to Injury Prevention Service partners.								
FY-17								
Calendar year 2017 surveillance on violent deaths included 710 suicide, 286 homicide/legal intervention, 5 unintentional firearm, and 50 violent undetermined deaths. Forty-eight data requests were completed and 18 data reports were posted to the OSDH website and distributed to Injury Prevention Service partners.								
FY-18 projected								
Calendar year 2018 surveillance has begun and will include all violent deaths in the state, including suicide, homicide/legal intervention, unintentional firearm, and violent undetermined deaths. Twenty-five data requests completed to date, in addition to three data reports and updated county fact sheets.								

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	Family Planning							ISD Data Processing	TOTAL
							Total		
FTE:	3	9.85	30.5				43.35		43.35
Program Breakdown by Fund:									
State	385,000						385,000	7,500	392,500
Federal	-	3,900,375	-	-			3,900,375	24,625	3,925,000
Millage			2,267,151				2,267,151	76,250	2,343,401
TOTAL	385,000	3,900,375	2,267,151	-	-	-	6,552,526	108,375	6,660,901
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	7,500	24,625	76,250	-			108,375		108,375
Salaries & Benefits	366,045	1,044,878	1,909,906	-			3,320,829		3,320,829
Travel	18,955	17,910	78,370	-			115,235		115,235
Other Operating Costs	-	2,837,587	278,875	-			3,116,462		3,116,462
	392,500	3,925,000	2,343,401	-	-	-	6,660,901	-	6,660,901
Revenue Generated:									
							-		-
Clients Served:									
All men and women wishing to prevent, space, or achieve pregnancy. Services include preventive health exams, STD testing, breast and cervical cancer screening, contraceptive method of choice, infertility counseling, linkage with primary care, pregnancy testing and options counseling									
Outcomes:									
FY-16 49,090 clients (48,553 females, 537 males) served through 97,736 clinic visits (40,287 clinical visits [with an advanced practice nurse] and 57,449 nurse visits). 89% of clients served were from the target population of those < 150% of federal poverty level. Provided 57,0969 STD tests and 7,832 HIV tests through Family Planning visits. 64% of clients had no insurance which results in limited access to preventive health care.									
FY-17 47,843 clients served (47,353 females, 490 males) served through 94,001 clinic visits (41,739 clinical visits, 52,262 nurse visits). 90% of clients served were from the target population of those < 150% of federal poverty level. Almost 15% more of the clients relied on one of the most effective methods of contraception. Provided 58,969 STD tests, 8,522 HIV tests, 11,826 PAP tests, and 23,846 clinical breast exams through Family Planning visits. 64% of clients had no insurance which results in limited access to preventive health care.									
FY-18 projected 45,515 clients served (44,992 females, 523 males) through 91,595 visits (40,442 clinical, 51,153 nurse visits). 89% of clients served were from the target population of those < 150% of federal poverty level. 34% of the clients relied on one of the most effective methods of contraception. Provided 55,986 STD tests, 8,293 HIV tests, 11,842 PAP tests, and 23,079 clinical breast exams through Family Planning visits. 65% of clients had no insurance which results in limited access to preventive health care.									

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	Abstinence Education							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.5	2.15					2.65		2.65
<u>Program Breakdown by Fund:</u>									
State	60,745						60,745	1,245	61,990
Federal	-	1,394,938	-	-			1,394,938	6,788	1,401,726
Revolving			-				-	-	-
TOTAL	60,745	1,394,938	-	-	-	-	1,455,683	8,033	1,463,716
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	1,245	6,788	-	-			8,033		8,033
Salaries & Benefits	36,627	146,941	-	-			183,568		183,568
Travel	1,100	6,232	-	-			7,332		7,332
Other Operating Costs	23,018	1,241,765	-	-			1,264,783		1,264,783
	61,990	1,401,726	-	-	-	-	1,463,716	-	1,463,716
<u>Revenue Generated:</u>							-		-
<u>Clients Served:</u>									
The Oklahoma Abstinence Education Grant Program (OK-AEGP) provides opportunities for Oklahoma youth in elementary through middle school									
An opportunity participate in positive youth development activities. Activities are provided through classroom based education, mentoring and parenting groups. Services are provided to local communities through the Request for Proposal (RFP) process and awarded annually.									
<u>Outcomes:</u>									
FY-16									
School based services were provided in 7 schools, with 1,947 participants.									
FY-17									
School based services were provided in 9 schools, with 2,103 participants.									
FY-18 projected									
School based services to be provided in up to 10 schools, projected participants 2,100.*									

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	Project Launch							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	3.50						3.50		3.50
<i>Program Breakdown by Fund:</i>									
State							-	-	-
Federal	880,862		-	-			880,862	19,473	900,335
Revolving			-				-	-	-
TOTAL	880,862	-	-	-	-	-	880,862	19,473	900,335
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	19,473	-	-	-			19,473		19,473
Salaries & Benefits	312,813	-	-	-			312,813		312,813
Travel	12,368	-	-	-			12,368		12,368
Other Operating Costs	555,681	-	-	-			555,681		555,681
	900,335	-	-	-	-	-	900,335	-	900,335
<p>*Project LAUNCH grant ends AUGUST 31, 2018. Currently there are no funds for FY2019. Project will apply for a an estimated \$200,000 in a no cost extention</p> <p>No Cost extension will include funding for one FTE to continue with final evaluation activities and close out efforts.</p> <p><u>Revenue Generated:</u></p> <p>-</p> <p><u>Clients Served:</u></p> <p>Clients Served: Target population of Project Launch is children 0-8 years of age, their families, and their caregivers. Additional project focus is on the Infant and Early Childhood System, including policies and workforce development.</p> <p><u>Outcomes:</u></p> <p>FY-16</p> <p>Workforce development - 353 early childhood professionals received training and/or consultation</p> <p>Mental health consultation in early childhood classrooms - 27 classrooms, 91 teachers and staff, 623 children received ongoing classroom consultation</p> <p>Early childhood direct services - 180 children, 164 parents (344 total) received early childhood interventions</p> <p>Early childhood screenings - 901 screenings were conducted</p> <p>FY-17</p> <p>Workforce development - 449 early childhood professionals received training and/or consultation</p> <p>Mental health consultation in early childhood classrooms - 25 classrooms, 67 teachers and staff, 531 children received ongoing classroom consultation</p> <p>Early childhood direct services - 355 children, 343 parents (698 total) received early childhood interventions</p> <p>Early childhood screenings - 549 screenings were conducted</p> <p>FY-18 projected</p> <p>Workforce development - 400 early childhood professional projected to receive training and/or consultation</p> <p>Mental health consultation in early childhood classrooms - 25 classrooms, 70 teachers and staff, 600 children projected to receive ongoing classroom consultation</p> <p>Early childhood direct services - 375 children, 350 parents projected to receive early childhood interventions</p> <p>Early childhood screenings - 600 screenings projected to be conducted</p>									

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	Newborn Hearing Screening						ISD Data Processing	TOTAL
						Total		
<i>FTE:</i>	1.00					1.00		1.00
<i>Program Breakdown by Fund:</i>								
State						-	-	-
Federal	216,321		-	-		216,321	2,137	218,458
Revolving			-			-	-	-
TOTAL	216,321	-	-	-	-	216,321	2,137	218,458
<i>Program Breakdown by Items of Cost:</i>								
Program Reimbursements / Assistance	2,137	-	-	-		2,137		2,137
Salaries & Benefits	73,868	-	-	-		73,868		73,868
Travel	5,885	-	-	-		5,885		5,885
Other Operating Costs	136,568	-	-	-		136,568		136,568
	218,458	-	-	-	-	218,458	-	218,458
<i>Revenue Generated:</i>								
						-		-
<i>Clients Served:</i>								
The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.								
<i>Outcomes:</i>								
FY-16								
The program continued to administer a comprehensive and coordinated statewide Early Hearing Detection and Intervention (EHDI) system of care targeted towards ensuring that newborns and infants are receiving appropriate and timely services, including screening, evaluation, diagnosis, and early intervention (EI). The program improved hospital newborn hearing screening reporting which increased early diagnosis of hearing loss and will improve children's language acquisition and life outcomes. The program staff utilized Quality Improvement methodology to engage health care professionals and families in a shared learning process to facilitate adaptation and implementation of innovations to the EHDI system.								
FY-17								
The program continued to implement and enhance statewide newborn hearing screening efforts. All birthing hospitals received quarterly hospital reports to assist with state mandated screening and reporting. Training and technical assistance was provided to hospitals as needed. Active case management was completed to assist families with follow-up screenings, early hearing loss diagnosis and early intervention placement for those children with hearing loss. The program oversaw hearing screening efforts at county health departments statewide. The program also partnered with midwiferies to assist with screenings for out of hospital births. The program also worked on improving family engagement and partnership efforts to improve the EHDI system in Oklahoma.								
FY-18 projected								
The program plans to continue to enhance newborn hearing screening efforts statewide. The program will continue to partner with parents and medical providers by providing statewide education and collaborative opportunities to enhance the Oklahoma EHDI system. Efforts are underway to develop a partnership with an identified statewide, family-based organization that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing. The program is also actively working on enhancing electronic data exchange opportunities with birth facilities to submit hearing screening results electronically. Additional efforts are underway to improve data sharing by having an integrated information system that will link to at least one additional core set of other newborn programs to improve access to services and information sharing.								

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	Immunization						ISD Data Processing	TOTAL
						Total		
<u>FTE:</u>	5.70	27.90	15.21			48.81	48.81	
<u>Program Breakdown by Fund:</u>								
State	1,062,919					1,062,919	1,088,697	
Federal		4,769,090	-	-		4,769,090	5,314,302	
Revolving			1,680,311			1,680,311	1,690,517	
TOTAL	1,062,919	4,769,090	1,680,311	-	-	7,512,320	8,093,516	
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	25,778	545,212	10,206	-		581,196	581,196	
Salaries & Benefits	653,216	2,447,038	880,843	-		3,981,097	3,981,097	
Travel	9,703	55,990	-	-		65,693	65,693	
Other Operating Costs	400,000	2,266,062	799,468	-		3,465,530	3,465,530	
	1,088,697	5,314,302	1,690,517	-	-	8,093,516	8,093,516	
<u>Revenue Generated:</u>								
<u>Clients Served:</u>								
The number of clients served is based on annual submission of the Population Estimate Survey (PES) which represents state-level Medicaid enrollment data for children under 19 years of age. CY2016: 997,451, CY2017: 1,002,484, CY2018: 1,012,060								
<u>Outcomes:</u>								
FY-16								
The Oklahoma Immunization Program completed a wide array of activities throughout FY16, all aimed at improving vaccination coverage levels for children, adolescents and adults. As required by the CDC, the Immunization Service conducted quality assurance (compliance) visits on 46% of its VFC provider sites (total of 398 sites visited). The Program focused on quality improvement projects aimed at child care centers and select VFC providers throughout the state. Over 470 child care centers and 13,080 individual immunization records were audited during FY16; this equated to 95% compliance with child care entry requirements for the centers audited. Staff also conducted site visits of 91 individual medical providers using the CDC's Assessment, Feedback, Incentive and eXchange (AFIX) protocols, which require initial visits, actionable follow-up for the provider, and follow up visits to measure improvement.								
FY-17								
The Oklahoma Immunization Program conducted multiple activities aimed at improving vaccination coverage levels for children, adolescents and adults. Quality assurance (compliance) visits were completed on 50% of VFC provider sites (over 400 medical clinics). The Program continued quality improvement projects aimed at child care centers as well as select VFC providers throughout the state. Over 545 child care centers and 21,892 individual immunization records were audited during FY16; this equated to 95% compliance with Oklahoma immunization entry requirements for the centers audited. Staff also conducted site visits with 125 individual healthcare provider sites using the CDC's AFIX protocols, which focus on partnering with medical providers to improve overall vaccination rates within their practice.								
FY-18 projected								
As required by the CDC, the Immunization Service is conducting quality assurance (compliance) visits of 50% of its VFC provider sites (over 415 provider sites). The Program remains focused on evidence-based quality improvement projects to increase vaccination rates. FY18 represents Year 5 of the Program's child care quality improvement project; staff will conduct audits at 692 child care centers throughout the state. Approximately 125 healthcare provider sites have been assessed using AFIX protocols.								

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	Viral Hepatitis Surveillance							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	1.00	1.00					2.00		2.00
<i>Program Breakdown by Fund:</i>									
State	194,446						194,446	23,125	217,571
Federal	-	156,626	-	-			156,626	18,691	175,317
Revolving							-		-
TOTAL	194,446	156,626	-	-	-	-	351,072	41,816	392,888
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	23,125	18,691	-				41,816		41,816
Salaries & Benefits	116,670	148,825	-				265,495		265,495
Travel	-	675	-				675		675
Other Operating Costs	77,776	7,126	-				84,902		84,902
	217,571	175,317	-	-	-	-	392,888	-	392,888
<i>Revenue Generated:</i>							-		-
<i>Clients Served:</i>									
Oklahomans who are infected with Hepatitis B and/or Hepatitis C viruses									
<i>Outcomes:</i>									
FY-16									
Oklahoma did not receive federal grant support for viral hepatitis surveillance activities until 2017.									
FY-17									
Six laboratories able to report viral hepatitis test results to the OSDH through electronic laboratory reporting (ELR). Twenty additional labs (including out-of-state labs) reporting hepatitis testing results to the OSDH through fax or mail. Oklahoma updated the state's surveillance summary with 2016 data, including fact sheets for acute HBV and HCV, chronic HBV and HCV, and the summary statistics of acute and chronic HBV and HCV. Oklahoma has created a set of data tables and fact sheets to educate contracted community-based organizations and the general public.									
FY-18 projected									
Oklahoma cases of hepatitis B and C electronically submitted to CDC through PHIDDO will be at least 90% complete for age and gender; 80% complete for race/ethnicity, county and zip code of residence, and source of testing; and at least 80% complete for risk factor information. At least 90% of commercial laboratories and public health clinics reporting HCV and HBV data on a continuing basis. Increase knowledge of the "true" burden of HBV and HCV by supplementing case surveillance data with data from other sources such as Medicaid and Medicare, hospital discharge database, and the Behavioral Risk Factor Surveillance System (BRFSS); OSDH will access statewide Medicaid data and crossmatch with HIV, HBV, and HCV surveillance data to analyze co-infections and determine geographic vulnerability for a HIV/viral hepatitis outbreak.									



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	CDC Tobacco Program							ISD Data Processing	TOTAL
							Total		
FTE:	4.20		1.78				5.98		5.98
Program Breakdown by Fund:									
State			300,745				300,745	10,781	311,526
Federal	1,092,525		-	-			1,092,525	26,398	1,118,923
Revolving		1,195,146					1,195,146		1,195,146
TOTAL	1,092,525	1,195,146	300,745	-	-	-	2,588,416	37,179	2,625,595
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	26,398		10,781	-			37,179		37,179
Salaries & Benefits	523,469		275,045	-			798,514		798,514
Travel	5,685		500	-			6,185		6,185
Other Operating Costs	563,371	504,865	25,200	-			1,093,436		1,093,436
	1,118,923	504,865	311,526	-	-	-	1,935,314	-	1,935,314
Revenue Generated:									
Tobacco Tax Revolving Fund		1,195,146					1,195,146		1,195,146
Clients Served:									
The federal funds for tobacco control are meant to impact health outcomes for all Oklahomans. The funds provided by the CDC cannot be utilized for direct services with the exception of the Helpline. The funds are utilized to implement a comprehensive tobacco control program focused on population based strategies. The tobacco tax revolving funds are utilized to provide tobacco cessation counseling services through the Oklahoma Tobacco Helpline. These direct services are available for all Oklahomans. Additionally, the funds are used to fund 5 tribal nations, one Latino service contractor and one African American service contractor to provide population based comprehensive tobacco control programs.									

Outcomes:

FY-16

The CDC Tobacco Core Grant does not function on a state fiscal year. The outcomes presented below are representative of work completed by federal funds from April 2015 to March 2016. During this reporting period the OSDH accomplished the following outcomes:

- * Increased from 192 to 276 the number of schools that implemented a tobacco free policy including electronic cigarettes/vapor products. This will result in increased protection from exposure to e-cigarettes as well as address social norms related to “vaping” in public places.
- * Provided support and guidance for schools that needed to update their tobacco policies as the 24/7 Tobacco Free Schools law was put into place August 2015 requiring all schools to be tobacco free.
- * Prevalence of tobacco use among middle school students decreased from 9.8% to 8.1% (OTYS, 2015).
- * Reduced the proportion of workers exposed to secondhand smoke exposure (SHSE) indoors from 13.7% to 11.7% (2014 - BRFSS Data)
- * Decrease in the proportion of Oklahoma adults that are exposed to SHSE in their home from 11.6% to 9.8% (AYTS, 2013).
- * The following voluntary tobacco free policies were passed: 375 worksites; 22 universities; 23 career technology centers; 10 faith based organizations; 24 hospitals; 12 state agencies; 9 tribal nations and 56 local government policies. These policies provide additional protection from SHSE and increased access to cessation insurance benefits.
- * The proportion of Oklahomans who think SHSE is very harmful increased from 65.1% in 2010 to 66.8% (BRFSS, 2014).
- * Increase in the proportion of Oklahoma adults that report a smoke free home policy from 80.4% to 83.7% (BRFSS, 2014).
- * Increased the proportion of current smokers that have made a quit attempts increased from 58.2% to 61.4% (BRFSS, 2014). This as a result of Oklahoma Tobacco Helpline media, health systems change work, tobacco cessation trainings, increased utilization of evidence based tobacco dependence treatments.
- * The OKC Public Housing Authority went completely tobacco free and implemented a policy that went into place in FY16. The policy impacted 6 senior centers, 4 complexes with more than 1300 units. This will protect individuals from SHSE in their homes.
- * Increased the proportion of Oklahomans that are not exposed to SHSE in the workplace from 85.2% to 89.9% (BRFSS, 2016).
- * Increased the proportion of Oklahomans that are not exposed to SHSE in the home from 89.90% to 90.5% (BRFSS, 2016).

FY-17

Tobacco Tax Revolving Funds: The following outcomes were achieved with tobacco tax revolving funds:

- * In FY17 the OSDH had a total of 2,500 Certified Healthy Oklahoma applications with 2,305 being certified. Of the 2,305 there were 1,350 organizations (a combination of businesses, campuses, communities, congregations, schools, early childhood education centers) certified at the Excellence level.
- * There were 1,350 Certified Healthy organizations that submitted a tobacco free policy including e-cigarettes/vapor products indoors and outdoors.
- * The Tobacco tax revolving fund provided tobacco cessation telephone counseling to 10,097 Oklahomans in FY17.
- * In FY17 over 35,000 Oklahoma tobacco users utilized the Oklahoma Tobacco Helpline for services such as phone, web, text, email and nicotine replacement therapy to assist their quit attempt.
- * The Center funds 5 tribal nations (Cherokee Nation, Chickasaw Nation, Cheyenne and Arapaho Tribes, Choctaw Nation and Muscogee Creek Nation), one Latino service contractor and one African American Service contractor – these groups are known as the MPOWER grantees. These organizations are implementing tobacco free policies to reduce secondhand smoke exposure, increase cessation insurance benefits, and increase access to tobacco addiction treatment.
- * The tribal nations are currently working towards implementing tobacco free policies within the entire tribal nation.
- * The MPOWER grantees are working within the healthcare systems to incorporate evidence based practices for tobacco dependence treatment. Once implemented the OSDH will be able to determine how many Helpline referrals are being sent as well as acceptance rates for treatment from the Helpline.

Tobacco State Money:

- * The OSDH utilized the state money to fund a minimal amount of personnel who provide technical assistance to various organizations on adopting and implementing tobacco control policies. In addition, OSDH created 85 tobacco cessation dashboards for the County Health Departments.

FY-18 projected

- * Increase in worksite tobacco free policies including tobacco cessation benefits.
- * Increase in Certified Healthy applications and certifications.
- * Increase in public housing authority smoke free policies.
- * Maintain the number of counseling sessions paid for by the tobacco tax and federal funds.
- * Increase the number of MPOWER direct referrals to the Helpline and the number of tobacco free policies.
- * Increase the number of school policies that include e-cigarettes/vapor products.

OSDH has created 85 tobacco cessation dashboards for the County Health Departments.

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	Early Hearing Detection							ISD Data Processing	TOTAL
							Total		
FTE:	0.95						0.95		0.95
Program Breakdown by Fund:									
State							-		-
Federal	85,762		-	-			85,762	64,238	150,000
Revolving		-					-		-
TOTAL	85,762	-	-	-	-	-	85,762	64,238	150,000
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	64,238			-			64,238		64,238
Salaries & Benefits	67,136			-			67,136		67,136
Travel	5,354			-			5,354		5,354
Other Operating Costs	13,272	-		-			13,272		13,272
	150,000	-	-	-	-	-	150,000	-	150,000
Revenue Generated:									
							-		-
Clients Served:									
The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.									
Outcomes:									
FY-16									
The Oklahoma NHSP and its strategic partners continued to prioritize the provision of hearing screening as a critical public health service for Oklahoma's children. The NHSP continued the services such as monitoring of hospital infant hearing screenings and hearing loss risk factors, managing statewide reporting of hearing results, assisting parents with follow-up screenings for children who are not screened or do not pass the initial screening, and working with providers to ensure appropriate information is provided to families of children diagnosed with hearing loss. In addition, the NHSP utilized grant funding to provide enhanced quality assurance and surveillance to reduce the number of children "loss to follow-up" and results that are "loss to documentation".									
FY-17									
The Oklahoma NHSP continued to implement and enhance statewide newborn hearing screening efforts. This included evaluating the Oklahoma NHSP progress regarding the National Early Hearing Detection and Intervention (EHDI) goals through analysis completed by the Quality Assurance/Data Coordinator; enhancing data collection opportunities to ensure children received recommended screening and follow-up services in accordance with national guidelines to reducing "loss to follow-up" for every occurrent birth through the three components of the EHDI process (screening, diagnosis, and intervention); analyzing collected EHDI data and using the findings to guide the program and engage stakeholders; and strengthening the EHDI Information System (IS) by using and disseminating evaluation results.									
FY-18 projected									
The Oklahoma NHSP seeks to improve timely follow-up and documentation of the provision of diagnostic testing and EI services. By assisting with continuity of care, the NHSP anticipates a reduction in the number of Deaf/Hard of Hearing infants who are not identified early and thus are at risk for developmental delays. To achieve this outcome, education and technical support will be given to audiology and EI providers to enhance the reporting process. Modifications will also be made to the Neometrics data tracking system to collect complete, accurate, and valid data in a timely manner in accordance with EHDI Functional Standards, Goals 2-8. The NHSP will adhere to short, intermediate, and long-term outcomes expected by the CDC as indicated in the Funding Opportunity Announcement to be achieved by the end of the 3-year project period.									

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	To Build and Strengthen Epidemiology, Laboratory and Health Information Systems						ISD Data Processing	TOTAL
						Total		
FTE:	11.91					11.91		11.91
Program Breakdown by Fund:								
State						-		-
Federal	1,467,970		-	-		1,467,970	333,819	1,801,789
Revolving		-				-		-
TOTAL	1,467,970	-	-	-	-	1,467,970	333,819	1,801,789
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	333,819			-		333,819		333,819
Salaries & Benefits	1,086,062			-		1,086,062		1,086,062
Travel	17,656			-		17,656		17,656
Other Operating Costs	364,252	-		-		364,252		364,252
	1,801,789	-	-	-	-	1,801,789	-	1,801,789
Revenue Generated:							-	-
Clients Served:								
All Oklahomans (est 3.9 million population) benefit from surveillance of and response to communicable diseases of public health importance, including respiratory diseases, mosquito-transmitted infections, foodborne and waterborne illnesses, and vaccine-preventable diseases.								
Outcomes:								
FY-16								
During FY-16, a total of 48,316 infectious disease reports were received by the Public Health Investigation & Disease Detection of Oklahoma (PHIDDO) system, Oklahoma's secure web-based electronic disease surveillance system, for review and investigation by epidemiologists and public health nurses. A sum of 124,067 laboratory test results (including HIV, STD, and lead) were received by electronic laboratory reporting (ELR) for linkage to case reports. Epidemiologists in the Acute Disease Service conducted 19 disease outbreak investigations; 924 requests for epidemiologic consultation were submitted to the after-hours Epi-on-Call system with a >97% response rate within 15 minutes of notification.								
FY-17								
During FY-17, 51,501 individual disease reports were received by the Acute Disease and HIV/STD Services through the PHIDDO system for surveillance, case investigation, and case reporting to CDC; 127,822 ELR reports for infectious disease and blood lead laboratory test results were received for processing through the PHIDDO system. Epidemiologists in the Acute Disease Service responded to a total of 820 after-hours consultations and conducted 83 disease outbreak investigations, including implementation of disease prevention and control measures.								
FY-18 projected								
The PHL expects to perform whole genome sequencing on all Salmonella, Listeria, and Shiga toxin-producing E. coli isolates within 4 days of receipt to maintain rapid detection of any foodborne outbreaks; lab results will be uploaded into the National PulseNet database within 2 business days. Rapid response (<15 min) to more than 800 after hours consultations will be maintained for >98% of the consultations. The Acute Disease Service has already investigated 129 infectious disease outbreaks during FY-18; many occurred in residential long term care facilities attributable to the seasonal influenza epidemic. More than 156,000 ELR reports have been received for surveillance classification and case management.								

	Pregnancy Assistance							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	1.40						1.40		1.40
<i>Program Breakdown by Fund:</i>									
State							-	-	-
Federal	1,342,438		-	-			1,342,438	2,812	1,345,250
Revolving		-					-		-
TOTAL	1,342,438	-	-	-	-	-	1,342,438	2,812	1,345,250
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	2,182			-			2,182		2,182
Salaries & Benefits	127,044			-			127,044		127,044
Travel	9,668			-			9,668		9,668
Other Operating Costs	1,205,726	-		-			1,205,726		1,205,726
	1,344,620	-	-	-	-	-	1,344,620	-	1,344,620
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
Tulsa and OKC public schools, Secondary students in 10th-12th grades who are parenting or pregnant, families of pregnant and parenting youth, pregnant and parenting students at self-selected colleges in OKC and Tulsa, pregnant and parenting youth seeking clinical services at OCCHD or TCCHD, staff who work parenting teens and young adults									
<i>Outcomes:</i>									
FY-16									
N/A- new grant for SFY 18									
FY-17									
N/A- new grant for SFY 18									
FY-18 projected									
Through various programs and contractors Oklahoma PAF will serve approximately 500-600 parenting teens and young adults via high schools, colleges, in health department clinics and in community agencies. This will be done through evidence-based healthy relationships and parenting curricula, meeting immediate health and infant needs, peer counseling, case management programs, and staff training on best ways to serve this population. Because this was a start-up year, planning and development comprised several months. In future years the numbers served are anticipated to be larger.									

Oklahoma State Department of Health
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	Primary Care						ISD Data Processing	TOTAL
						Total		
FTE:	1.25					1.25		1.25
<u>Program Breakdown by Fund:</u>								
State						-	-	-
Federal	132,850		-	-		132,850	6,886	139,736
Revolving		-				-		-
TOTAL	132,850	-	-	-	-	132,850	6,886	139,736
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	6,886			-		6,886		6,886
Salaries & Benefits	87,603			-		87,603		87,603
Travel	8,390			-		8,390		8,390
Other Operating Costs	36,857	-		-		36,857		36,857
	139,736	-	-	-	-	139,736	-	139,736
<u>Revenue Generated:</u>								
						-		-
<u>Clients Served:</u>								
We provide services that affect the rural and underserved populations, which equals 1,166,000 in Oklahoma								
<u>Outcomes:</u>								
FY-16								
1. Improved quality of health workforce data collection and analysis: secured Calendar Year 2015 Medicaid claims data and after analysis submitted applications for low-income primary care health professional shortage area designations.								
2. Completed a survey of Advanced Practice Registered Nurses (APRNs) and produced internal brief as to the extent of APRNs providing primary care services in rural and underserved communities.								
3. Completed an environmental statewide scan that determined the number, location, and services provided by FQHCs.								
4. Conducted an initial assessment of the current policy environment and the regulatory environment of telehealth services. Expanding this assessment and continuing to identify barriers to the use of telehealth services.								
5. Initiated an environmental statewide scan to identify all current and potential NHSC sites located in health professional shortage areas for targeted outreach and recruitment efforts.								
6. Finalizing a statewide primary care needs assessment.								
FY-17								
<ul style="list-style-type: none"> Conducted primary care needs analysis necessary to identify and secure 113 federal health professional shortage designations for geographic health service areas in Oklahoma Updated data and conducted analysis necessary to increase health professional shortage area scores for five community health centers Provided technical assistance to safety net providers and Tribal health facilities that resulted in the certification of 65 new certified and 41 recertified National Health Service Corps (NHSC) sites Conducted outreach and education for National Health Service Corps (NHSC) scholarship and loan opportunities that resulted in 32 new NHSC loan repayment awards of approximately \$1.6 million to health care providers serving in Oklahoma's health professional shortage areas 								
FY-18 projected								
<ul style="list-style-type: none"> Primary care needs analysis that identifies critical areas of health professional shortages Securing additional federal resources including loan repayment and scholarship awards for health care providers serving in health professional shortage areas 								



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	Community Based Child Abuse Prevention (CBCAP)						ISD Data Processing	TOTAL
						Total		
<i>FTE:</i>	1.20					1.20		1.20
<i>Program Breakdown by Fund:</i>								
State						-	-	-
Federal	904,085	-	-			904,085	6,092	910,177
Revolving		-				-		-
TOTAL	904,085	-	-	-	-	904,085	6,092	910,177
<i>Program Breakdown by Items of Cost:</i>								
Program Reimbursements / Assistance	6,092		-			6,092		6,092
Salaries & Benefits	122,993		-			122,993		122,993
Travel	18,709		-			18,709		18,709
Other Operating Costs	762,383	-	-			762,383		762,383
	910,177	-	-	-	-	910,177	-	910,177
<i>Revenue Generated:</i>								
						-		-
<i>Clients Served:</i>								
Target Population includes Parents (all, new, teens, etc); Parents and/or children with disabilities; Racial and ethnic minorities; Members of underserved or underrepresented groups; Fathers; Homeless families and those at risk of being homeless; Unaccompanied homeless youth; and Adult former victims of child abuse and neglect or domestic violence. Oklahoma utilizes the majority of CBCAP funds to support existing level IV programs and to provide infrastructure to other programs, including such things as: training opportunities, building state systems (like the Oklahoma State Plan for the Prevention of Child Abuse and Neglect), collaboration with other systems, programs and agencies and serving as the lead for all things primary prevention. CBCAP funds are allotted to each state based on the following criteria: 70% based on number of children under age 18 residing in each state and 30% based on the amount of private, state, or other non-federal funds leveraged and directed through the currently designated lead agency in the preceding fiscal year.								
<i>Outcomes:</i>								
FY-16								
CBCAP received - 690,787; Support of Level IV Programs included: Child Guidance (PCIT & The Incredible Years); Nurse-Family Partnership (Children First); Healthy Families America.								
FY-17								
CBCAP received - 705,035; Support of Level IV Programs included: Child Guidance (PCIT & The Incredible Years); Nurse-Family Partnership (Children First)								
FY-18 projected								
CBCAP received-734,962; Support of Level IV Programs included: Child Guidance (PCIT & The Incredible Years); Nurse-Family Partnership (Children First)								

	Enhanced Tobacco Quitline							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.00						0.00		0.00
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	234,102		-	-			234,102		234,102
Revolving		-					-		-
TOTAL	234,102	-	-	-	-	-	234,102	-	234,102
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	-			-			-		-
Salaries & Benefits	-			-			-		-
Travel	4,544			-			4,544		4,544
Other Operating Costs	229,558	-		-			229,558		229,558
	234,102	-	-	-	-	-	234,102	-	234,102
<u>Revenue Generated:</u>							-		-
<u>Clients Served:</u>									
The CDC Quitline Enhancement provides services for all Oklahomans but there is a specific focus on the populations that are disproportionately affected by tobacco dependence. The funds are utilized to make sustainable health system changes to incorporate evidence based practices within the system to ensure all people are provided tobacco treatment interventions.									

Outcomes:

FY-16

- * Provided tobacco cessation telephone counseling to 5,454 Oklahomans in FY16.
- * 43% increase in Oklahoma Tobacco Helpline (OTH) utilization when compared to FY15.
- * Sustained the statewide tobacco cessation leadership team. This team is comprised of the TSET, the Oklahoma Tobacco Research Center (OTRC), the University of Oklahoma Health Sciences Center (OUHSC) and the Helpline vendor Optum. The group oversees the cessation infrastructure, helpline capacity, treatment reach and utilization of the Helpline services.
- * Increased utilization of the OTH among the American Indian population by 44% when compared to FY15. There were a total of 4,039 AI that utilized OTH services.
- * Increased utilization of the OTH among low SES populations by 35% when compared to FY15. There were a total of 20,241 Oklahomans that fell within the low SES category that utilized OTH services.
- * Implemented health system changes to incorporate evidence based tobacco treatment within two health systems, the Oklahoma City Indian Clinic and the Variety Care system.
- * County health department increased by 24% the number of tobacco cessation counseling services codes. This means more patients being seen by the county health departments are receiving tobacco cessation treatment via the 5 A's.
- * 14.1% increase in Medicaid FDA approved cessation medication claims.
- * Partnered with the OTRC for the 211 referral project. Outcomes listed in FY17.
- * Increased direct Oklahoma Tobacco Helpline direct fax referrals among FQHCs from 114 to 524.

FY-17

- *The Quitline provided tobacco cessation telephone counseling to 5,205 Oklahomans in FY17.
- * Provided 2 tobacco cessation treatment symposiums and 2 advanced motivational interviewing trainings. Also, provided 2 trainings for the County Health Departments.
- * Trained over 50 county health department staff members on tobacco treatment best practices.
- * During FY17, 13,731 fax referrals, 3,297 electronic referrals, and 998 online referrals were received by the Helpline from health professionals and health systems across the state.
- * There were 3,896 American Indians that utilized the OTH for tobacco cessation treatment.
- * Across all Helpline registrants, 94.9% reported overall satisfaction ratings of 'very, mostly or somewhat satisfied with Helpline services'.
- * Increased FQHC direct OTH referrals by 75%.
- * Implemented the 211 Heartline Pilot Project. The 211 project expanded to the ReachOut line. The ReachOut line serves callers with mental health and substance abuse needs. There were 239 of the 765 callers screened for tobacco use. Of those screened, 21.5% (51) identified as a tobacco user, and of those identified as tobacco users 69% (35) accepted a referral to the OTH.
- * 63% of 211 callers were screened for tobacco use and offered a referral to the OTH, and among the callers who used tobacco 12.7% were electronically referred to the OTH and 8.3% were directly transferred. Since the launch of the project, 279 211 callers were connected to the OTH.
- * During SFY17, a total of 35,079 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through referral from a healthcare provider.

FY-18 projected

- * Projected increase of 1% utilization of the OTH by American Indians and low SES populations.
- * Projected increase in FQHC referrals to the OTH due to the release of the RFP for one FQHC to implement health system change to incorporate evidence based practices.
- * Projected increase in county health department direct referrals to the OTH.
- * Projected increase in 211 direct referrals to the OTH.
- * Survey and assessment for nationwide Medicaid providers and assessment for all Oklahoma FQHCs.
- * Fully functional EMR bi-directional referral system within the Oklahoma City Indian Clinic.
- * Projected tobacco cessation telephone counseling for 5,309 Oklahomans.

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	Child Lead Poisoning Prevention						ISD Data Processing	TOTAL
						Total		
<i>FTE:</i>	2.85					2.85		2.85
<i>Program Breakdown by Fund:</i>								
State						-	-	-
Federal	233,666		-	-		233,666	6,255	239,921
Revolving		-				-		-
TOTAL	233,666	-	-	-	-	233,666	6,255	239,921
<i>Program Breakdown by Items of Cost:</i>								
Program Reimbursements / Assistance	6,255			-		6,255		6,255
Salaries & Benefits	198,289			-		198,289		198,289
Travel	3,571			-		3,571		3,571
Other Operating Costs	31,806	-		-		31,806		31,806
	239,921	-	-	-	-	239,921	-	239,921
<i>Revenue Generated:</i>								
						-		-
<i>Clients Served:</i>								
The Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) maintains all blood lead surveillance for the state of Oklahoma. The Program receives blood lead tests for approximately 50,000 children in the target screening ages (6 months to 72 months) per year. The program also receives approximately 20,000 blood lead test results for other age groups. The program provides case management and follow-up services for children up to 72 months of age who have blood lead levels of 5 micrograms per deciliter or greater.								
<i>Outcomes:</i>								
FY-16								
The program was able to increase reporting of blood lead results (which are mandated since lead is a reportable condition/disease) by 115%. This change was effected by providing outreach to health care providers who use in office lead testing devices and were unaware that needed to report all of those lead tests to the Oklahoma State. Extensive outreach and notification of individual clinics and private providers occurred during the 2016 to make this goal a success.								
FY-17								
The program passed new Board of Health Rules emphasizing that Oklahoma is a universal screening state, which means that ALL children SHALL receive blood lead screening at 12 months and again at 24 months. The OCLPPP provided training to providers through a collaboration with the Oklahoma Health Care Authority to emphasize this information and conducted outreach activities with medical providers to notify them of the rule updates. It is expected that this rule change and outreach information will increase blood lead screening from the current low of approximately 20% of eligible children, to at least 30 % initially, with subsequent increases as additional outreach activities are conducted. The program's change to a new surveillance system increased electronic lead reporting from a low of 65% to almost 90% at the end of the year.								
FY-18 projected								
The program plans to continue to increase blood lead screening of children as part of universal screening and to increase mandatory reporting for providers and laboratories in the state of Oklahoma through additional outreach campaigns.								



		1305 - Diabetes, Heart, Obesity PPHF						ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	3.1						3.10		3.10
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	552,253		-	-			552,253	22,068	574,321
Revolving		-					-		-
TOTAL	552,253	-	-	-	-	-	552,253	22,068	574,321
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	22,068			-			22,068		22,068
Salaries & Benefits	288,924			-			288,924		288,924
Travel	5,357			-			5,357		5,357
Other Operating Costs	259,572	-		-			259,572		259,572
	575,921	-	-	-	-	-	575,921	-	575,921
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served 250,000+.									

Outcomes:

FY-16

1) Establishment of referral process for patients with high blood pressure or at risk of diabetes: patients are referred from their provider to the local health department for BP re-checks, education on healthy lifestyles, smoking cessation, nutrition counseling and medication adherence. 2) Submission of SB250 report to Senate Pro Tempore and Speaker of the House: report identifies benchmarks and goals to reduce the incidence rates of, improve health care services for, and control complications resulting from diabetes. The report is a collaborative effort of the Oklahoma Health Care Authority and State Department of Health; report is to be submitted in odd-numbered years. 3) Establishment of Diabetes Caucus: led by Senator S. Paddock, Rep. J. McDaniel, and Rep. L. Denney the Caucus brings stakeholders together monthly to develop plans for improving the health of Oklahomans at risk of diabetes and those with a diagnosis of diabetes through advocacy, clinical approaches and policy change. 4) Early childhood education centers were provided technical assistance on incorporating physical activity and healthy eating into their curriculums. 5) Develop technical assistance for Certified Healthy organizations "growing to excellence". 6) Development of a marketing plan promoting physical activity for identified worksites, community organizations, campuses, congregations and restaurants.

In all, 73 school districts and 270,696 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 172 Early Childhood Educational Centers and 9,724 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 37 worksites across the state and 4,911 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

FY-17

1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state.

In all, 159 school districts and 304,487 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 261 Early Childhood Educational Centers and 19,287 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 511 worksites across the state and 98,408 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

FY-18 projected

1) The SB250 report is due to Senate Pro Tempore and Speaker of the House in January 2019. The Diabetes Caucus will assist the OHCA and OSDH in identifying areas for improvement for Oklahomans affected by Diabetes. 2) The Diabetes Caucus has re-organized around a communication plan with specific goals and strategies to guide their work. Goals address provider education on screening, testing and referral; patient referrals and barriers/challenges to attending programs; reimbursement for both DSME and DPP from payors; and addressing the escalating incidence of Type 2 diabetes in OK youth. 3) New funding opportunities from CDC on reducing risk factors for heart disease, stroke prevention and diabetes will be announced early 2018. OSDH Center for Advancement of Wellness will be completing an application for grant funding to continue the work accomplished thus far. Through contracts and stakeholders from previous grants the Center has substantial support for innovative activities in communities adversely affected by chronic disease.

In all, 168 school districts and 261,891 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 338 Early Childhood Educational Centers and 24,485 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 746 worksites across the state and 120,351 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

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		1305 - Diabetes, Heart, Obesity Non-PPHF						ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.25						0.25		0.25
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	458,989		-	-			458,989	13,253	472,242
Revolving		-					-		-
TOTAL	458,989	-	-	-	-	-	458,989	13,253	472,242
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	13,253			-			13,253		13,253
Salaries & Benefits	181,720			-			181,720		181,720
Travel	1,600			-			1,600		1,600
Other Operating Costs	275,669	-		-			275,669		275,669
	472,242	-	-	-	-	-	472,242	-	472,242
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served is 250,000+.									
<u>Outcomes:</u>									
FY-16									
1) Establishment of referral process for patients with high blood pressure or at risk of diabetes: patients are referred from their provider to the local health department for BP re-checks, education on healthy lifestyles, smoking cessation, nutrition counseling and medication adherence. 2) Submission of SB250 report to Senate Pro Tempore and Speaker of the House: report identifies benchmarks and goals to reduce the incidence rates of, improve health care services for, and control complications resulting from diabetes. The report is a collaborative effort of the Oklahoma Health Care Authority and State Department of Health; report is to be submitted in odd-numbered years. 3) Establishment of Diabetes Caucus: led by Senator S. Paddack, Rep. J. McDaniel, and Rep. L. Denney the Caucus brings stakeholders together monthly to develop plans for improving the health of Oklahomans at risk of diabetes and those with a diagnosis of diabetes through advocacy, clinical approaches and policy change. 4) Food Access trainings and technical assistance continue to be provided in local communities with identified stakeholders. 5) Continue providing targeted technical assistance to Certified Healthy organizations on meeting standards for excellence. 6) Assess status of and provide technical assistance on workplace wellness policies.									
In all, 73 school districts and 270,696 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 172 Early Childhood Educational Centers and 9,724 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 37 worksites across the state and 4,911 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.									
In SFY-16, OSDH received 1,951 applications for the Certified Healthy Oklahoma program and certified 1,701 organizations.									
Businesses: 812 (applied) / 690 (certified)									
Campuses: 45 (applied) / 31 (certified)									
Early Childhood Centers: 169 (applied) / 146 (certified)									
Restaurants: 38 (applied) / 29 (certified)									
Schools: 737 (applied) / 683 (certified)									

FY-17

1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state. 6) Continue providing targeted technical assistance to Certified Healthy organizations on meeting standards for excellence. 7) Food Access trainings and technical assistance continue to be provided in local communities with identified stakeholders. 8) Targeted technical assistance was provided to Certified Healthy organizations on meeting standards for excellence. 9) Assess status of, and provide technical assistance on workplace wellness policies.

In all, 159 school districts and 304,487 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 261 Early Childhood Educational Centers and 19,287 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 511 worksites across the state and 98,408 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

In SFY-17, OSDH received 2,143 applications for the Certified Healthy Oklahoma program and certified 1,970 organizations.

Businesses: 835 (applied) / 754 (certified) with a reach of 140,606 people.

Campuses: 47 (applied) / 40 (certified) with a reach of 97,244 people.

Early Childhood Centers: 174 (applied) / 160 (certified) with a reach of 12,303 children.

Restaurants: 30 (applied) / 27 (certified) with a reach of 432,188 people.

Schools: 843 (applied) / 806 (certified) with a reach of 324,232 students.

FY-18 projected

1) The SB250 report is due to Senate Pro Tempore and Speaker of the House in January 2019. The Diabetes Caucus will assist the OHCA and OSDH in identifying areas for improvement for Oklahomans affected by Diabetes. 2) The Diabetes Caucus has re-organized around a communication plan with specific goals and strategies to guide their work. Goals address provider education on screening, testing and referral; patient referrals and barriers/challenges to attending programs; reimbursement for both DSME and DPP from payors; and addressing the escalating incidence of Type 2 diabetes in OK youth. 3) New funding opportunities from CDC on reducing risk factors for heart disease, stroke prevention and diabetes will be announced early 2018. OSDH Center for Advancement of Wellness will be completing an application for grant funding to continue the work accomplished thus far. Through contracts and stakeholders from previous grants the Center has substantial support for innovative activities in communities adversely affected by chronic disease.

In all, 168 school districts and 261,891 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 338 Early Childhood Educational Centers and 24,485 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of Centers. 746 worksites across the state and 120,351 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

In SFY-18, OSDH received 2,500 applications for the Certified Healthy Oklahoma program and certified 2,305 organizations.

Businesses: 956 (applied) / 864 (certified)

Campuses: 54 (applied) / 45 (certified)

Early Childhood Centers: 228 (applied) / 219 (certified)

Restaurants: 40 (applied) / 39 (certified)

Schools: 895 (applied) / 842 (certified)

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Estimated number of clients served is 500,000.

Outcomes:

FY-16

1) Establishment of referral process for patients with high blood pressure or at risk of diabetes: patients are referred from their provider to the local health department for BP re-checks, education on healthy lifestyles, smoking cessation, nutrition counseling and medication adherence. 2) Submission of SB250 report to Senate Pro Tempore and Speaker of the House: report identifies benchmarks and goals to reduce the incidence rates of, improve health care services for, and control complications resulting from diabetes. The report is a collaborative effort of the Oklahoma Health Care Authority and State Department of Health; report is to be submitted in odd-numbered years. 3) Establishment of Diabetes Caucus: led by Senator S. Paddock, Rep. J. McDaniel, and Rep. L. Denney the Caucus brings stakeholders together monthly to develop plans for improving the health of Oklahomans at risk of diabetes and those with a diagnosis of diabetes through advocacy, clinical approaches and policy change. 4) Certified Healthy Oklahoma applicants received technical assistance on physical activity, nutrition and beverage guidelines, and sodium reduction to provide healthy options. 5) Development of tools and resources adapting Minnesota's Food Charter/Network Model for use in Oklahoma. 6) Develop and offer trainings for local stakeholders on Food Access assessments.

In all, 45 community locations that implemented nutrition and beverage standards and 12,712 people impacted by the change. 77 community venues that promote physical activity and 153,915 people who have greater access to opportunities to be physically active.

FY-17

1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state. 6) Food Access trainings and technical assistance continue to be provided in local communities with identified stakeholders. 7) Continue providing targeted technical assistance to Certified Healthy organizations on meeting standards for excellence. 8) Assess status of and provide technical assistance on workplace wellness policies.

In all, 41 community locations that implemented nutrition and beverage standards and 119,879 citizens impacted by the change. 118 community venues that promote physical activity, and 183,096 citizens with access to opportunities for physical activity. 4 communities developed walking and pedestrian plans with 137,949 citizens impacted.

FY-18 projected

1) The SB250 report is due to Senate Pro Tempore and Speaker of the House in January 2019. The Diabetes Caucus will assist the OHCA and OSDH in identifying areas for improvement for Oklahomans affected by Diabetes. 2) The Diabetes Caucus has re-organized around a communication plan with specific goals and strategies to guide their work. Goals address provider education on screening, testing and referral; patient referrals and barriers/challenges to attending programs; reimbursement for both DSME and DPP from payors; and addressing the escalating incidence of Type 2 diabetes in OK youth. 3) New funding opportunities from CDC on reducing risk factors for heart disease, stroke prevention and diabetes will be announced early 2018. OSDH Center for Advancement of Wellness will be completing an application for grant funding to continue the work accomplished thus far. Through contracts and stakeholders from previous grants the Center has substantial support for innovative activities in communities adversely affected by chronic disease.

	Prevent Block							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	5.10						5.10		5.10
<i>Program Breakdown by Fund:</i>									
State							-	-	-
Federal	1,573,091		-	-			1,573,091	21,444	1,594,535
Revolving		-					-		-
TOTAL	1,573,091	-	-	-	-	-	1,573,091	21,444	1,594,535
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	21,444			-			21,444		21,444
Salaries & Benefits	628,968			-			628,968		628,968
Travel	8,515			-			8,515		8,515
Other Operating Costs	935,608	-		-			935,608		935,608
	1,594,535	-	-	-	-	-	1,594,535	-	1,594,535
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
Entire state served with specific target populations that include: disparate race and ethnicity populations, public health workforce, teenagers at risk for unintended pregnancy, infants and parents.									

Outcomes:

FY-16

- To contribute to the variety of prevention strategies statewide, provided education and training on the PMP to prescribers, dispensers, and other healthcare professionals.
- Increased the percent of members who self-report that their knowledge on American Indian data.
- Enabled all county health departments who have updated equipment have the capacity to record trainings and information to view at optimum time, preventing loss of clinic time with the public.
- Distributed 423 car seats and booster seats to qualified families and conducted 83 car seat checks for the public.
- Assessed trends in fall-related inpatient hospital discharge and Vital Statistics death data among persons 65 years and older. These data were used for presentations, fact sheets, and news releases.

FY-17

- Increased the proportion of online health information seekers who report easily accessing health information.
- Eliminated the county health department waiting list for women needing birth control, with 48 devices remaining. The birth control effectiveness flyer and social media campaigns provided information about the effectiveness of certain types of birth control while also serving as a platform for medical professionals and their patients to have an open conversation about the method that best suits their family planning needs.
- Prescription Monitoring Program Education and Compliance: Prevented an increase in poisoning deaths.
- The Cleveland County Health Department/Norman began providing services to families who enrolled in the WIC PLUS+ Pilot on March 1, 2016. From March 1, 2016 to December 5, 2017, 74 children* (infant to 3 years of age), were enrolled by their parents into WIC PLUS+. 157 WIC PLUS+ appointments* have been completed to date by the Child Development Specialist.

FY-18 projected

- Reduce motor vehicle crash-related deaths.
- Increase the proportion of State and local public health agencies that have implemented an agency-wide quality improvement process.
- Prevent an increase in fall-related deaths.
- Prevent an increase in poisoning deaths.
- Establish, maintain, and promote a digital library for OSDH central office and county health department employees on the OSDH intranet site.
- Offer and maintain cloud-based video conferencing system trainings for 100% of OSDH and county health department employees can be recorded and archived for instant access at any time, providing the most accurate and immediate public health information.
- Maintain a comprehensive motor vehicle-related injury prevention program that includes implementation and support of child safety seat distribution and education programs.

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	MIECHV Formula							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	7.1						7.10		7.10
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	6,349,850		-	-			6,349,850	28,033	6,377,883
Revolving		-					-		-
TOTAL	6,349,850	-	-	-	-	-	6,349,850	28,033	6,377,883
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	28,033			-			28,033		28,033
Salaries & Benefits	852,149			-			852,149		852,149
Travel	18,000			-			18,000		18,000
Other Operating Costs	5,477,701	-		-			5,477,701		5,477,701
	6,375,883	-	-	-	-	-	6,375,883	-	6,375,883
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
<u>Grant Narrative</u> - The purpose of this grant is to contribute to Oklahoma’s comprehensive early childhood system by supporting the delivery of coordinated and high-quality voluntary early childhood home visiting services to eligible families utilizing Evidence-Based Home Visiting Programs (EBHVPs) in two at-risk counties: Oklahoma and Tulsa. Innovative features of the Oklahoma system include: 1) specially-trained “Community Connectors” that promote home visiting to potential clients and the community as well as facilitate collaboration/coordination between EBHVPs and other supportive services; 2) the “parentPRO” triage system, website and marketing campaign; and 3) referrals to the OSDH Child Guidance Service which provides Circle of Parents, Incredible Years, discipline-specific interventions and developmental screenings. Problems to address include: 1) improving coordination of efforts; 2) increasing referral bases; 3) improving rates of initial engagement and later retention of families; and 4) improving the quality of services. Goal 1: Improve Coordination and Collaboration among EBHVPs and Other Supportive Services for Families; Objective: Utilize “Community Connectors” to sustain and/or develop local home visiting coalitions to share information, resources and best practices as well as improve connections between EBHVPs and other community resources – particularly Child Guidance Service. Goal 2: Increase Outreach, Client Engagement and Retention; Objectives: Refine the “parentPRO” central intake and messaging campaigns and assist “Community Connectors” with presentation and recruitment efforts. Goal 3: Improve Quality of Evidence Based Home Visitation EBHV Services; Objectives: Implement new activities within EBHVPs and continue local “continuous quality improvement” projects. In addition, the University of Oklahoma, Center on Child Abuse and Neglect (OUCCAN) will provide independent evaluation using a mixed-method approach in order to better understand and improve consumer outreach, engagement and retention as well as the quality of the home visiting services.									
<u>Outcomes:</u>									
FY-16	1,632								
FY-17	1,135								
FY-18 projected	757								



FY18 - ONLY Snapshot of current

FY-17	
FY-18 projected	



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	Breast & Cervical Cancer							ISD Data Processing	TOTAL
							Total		
FTE:	5.02	13.12					18.14		18.14
Program Breakdown by Fund:									
State	708,419	2,067,058					2,775,477	15,202	2,790,679
Federal			-	-			-	105,747	105,747
Revolving	-		50,000				50,000		50,000
TOTAL	708,419	2,067,058	50,000	-	-	-	2,825,477	120,949	2,946,426
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	15,202	105,747	-	-			120,949		120,949
Salaries & Benefits	426,166	1,045,531	-	-			1,471,697		1,471,697
Travel	4,620	34,702	-	-			39,322		39,322
Other Operating Costs	277,633	986,825	50,000	-			1,314,458		1,314,458
	723,621	2,172,805	50,000	-	-	-	2,946,426	-	2,946,426
Revenue Generated:									
Clients Served:									
Breast and Cervical Cancer Program (Take Charge!) Clients:									
The Breast and Cervical Cancer Program (also known as the Take Charge!) provides free breast and cervical cancer screening and limited diagnostic services for program eligible women. The general eligibility guidelines include: Oklahoma woman who is low income (185% of current federally poverty level) and uninsured or underinsured. The priority population for breast cancer screening is women 50 years of age and older. The priority population for cervical cancer screening is women 35 years of age and older. For every \$3 federal dollars there is a \$1 dollar state match requirement. Take Charge! is required to assure that women are not eligible for other program before providing services through the program. Take Charge! began screening in 1995. Approximately 68,602 women have been screened through the program to date, and among those approximately 530 breast cancers have been diagnosed and approximately 38 cervical cancer have been diagnosed.									
Oklahoma Comprehensive Cancer Program Client:									
The Oklahoma Comprehensive Cancer Program serves all Oklahomans statewide who have been affected by cancer in a multifaceted approach. The Oklahoma Comprehensive Cancer Program is an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation. These efforts encourage healthy lifestyles, promote recommended cancer screening guidelines and tests, increase access to quality cancer care, and improve quality of life for cancer survivors. The Comprehensive Cancer Program began in 2004. The purpose of the program includes create coalitions, review cancer burden in Oklahoma, prioritize proven strategies for cancer control and create and implement cancer prevention/control action plans. Data review identified three-priority cancers to include lung, breast, and colorectal. Cervical cancer was identified as a priority area as most women receive breast cancer screening and cervical cancer screening during the same office visit.									
Oklahoma Central Cancer Registry Client:									

The Oklahoma Central Cancer Registry's clients include researchers, policymakers, and consumers to obtain incidence data. The Oklahoma Central Cancer Registry is the central database of information on all cancers diagnosed or treated in Oklahoma since January 1, 1997. Federal Public Law 102-515, Oklahoma Statute 63 OS 1-551, and Chapter 567 OSBDH Rules and Regulations require all healthcare and health service providers to report specific information on every cancer case. The Oklahoma Central Cancer Registry has received the gold certification from the North American Association of Central Cancer Registries (NAACCR). This certification is based on quality, completeness and timeliness of data collected for 1997- 2014.

Outcomes:

FY-16

Breast and Cervical Cancer Program (Take Charge!)

Draft patient navigation protocols were written to reflect existing resources. Staff participated in the Oklahoma Chronic Disease Alliance, which is comprised of healthcare organizations and an insurance group to update the Oklahoma State Cancer Plan. The draft Plan contains goals and objectives for increasing population-based breast and cervical cancer screenings and increasing human papilloma virus (HPV) vaccination rates. A patient reminder was mailed out during April- May 2016 to approximately 11,000 previous Take Charge! clients. Women were selected to receive the letter if they had not had a mammogram in two years or if they had not received a Pap test in five or more years. Outreach materials were disseminated to all of the Take Charge! contracted healthcare providers, Central and Western Oklahoma Susan G. Komen Foundation at the Oklahoma Dodgers "Pink Out" game, Kaw Nation Breast and Cervical Early Detection Program (BCCEDP) and Cherokee Nation BCCEDP to recruit women for services. A total of 2,556 women called to determine eligibility for Take Charge! services; 2,360 were eligible for services. Of these eligible women, 1,830 women were provided services by contracted healthcare providers. A new methodology and maps were developed to identify geographic areas of highest need. The maps identified that the southeastern part of Oklahoma had a high need for services. Southeastern Oklahoma falls into the tribal jurisdiction of the Choctaw Nation. Efforts were made to contract with the Choctaw Nation to provide screening services in southeastern Oklahoma. The highest need methodology was enhanced by utilizing different data sources (U.S. Census data) as compared to county level Behavioral Risk Factor Surveillance System (BRFSS) data in previous years. The new methodology highlighted geographic areas that were in need of screening services and outreach based on demographic and social factors to increase screening for breast and cervical cancer.

Comprehensive Cancer Program

A steering committee comprised of dedicated leaders committed to the success of the Oklahoma Comprehensive Cancer Program was maintained and met monthly. A Cancer Surveillance Coordinator and Administrative Program Manager were hired. The staff worked across the CDC 1205 project and in partnership with other chronic disease service programs. A shift was initiated from the cancer coalition to the Oklahoma Chronic Disease Alliance (OCDA). The shift to the OCDA was based on a comprehensive manner for reducing chronic disease by aligning groups, organizations, individuals and resources to work together. The OCDA is an adaption of the Chronic Disease Alliance of Kansas (CDAK). Vacancies of key staff (program coordinator, evaluator, and policy/systems/environment (PSE) expert) hampered the implementation of the Oklahoma Comprehensive Cancer Program.

Oklahoma Central Cancer Registry (OCCR)

The OCCR collaborated with faculty in the OU Health Sciences Center- College of Public Health on the publication: Campbell J, Janitz A, Pate A. Patterns of Care for Localized Breast Cancer in Oklahoma 2003-2006. Women Health. 2015; 55 (8):975-995. The OCCR collaborated with the OSDH Emergency Systems linking cancer data with emergency service calls from the OSDH's Oklahoma EMS Information Systems (OKEMSIS) database and identifying patients who received Naloxone, an opioid antagonist. Oklahoma cancer data was utilized at an Evidence-Based Public Health training delivered to 44 participants consisting of a two-person team in December 2015. Oklahoma cancer data was also provided for educational purposes with 5 grantees working with disparate populations across the state. The OCCR participated in a pilot project of Virtual Pooled Registry through NAACCR which included linking Oklahoma cancer data with a cohort data set. The OCCR collaborated with the OUHSC-COPH and the CNCR in a linkage project to minimize racial misclassification and improve follow up information for the Cherokee Nation cases. The Surveillance Manager in collaboration with the Take Charge! Program developed a poster for the 2016 NAACCR Annual Conference title "Descriptive Epidemiology of Breast Cancers among Take Charge! Screenings, Oklahoma, 2004-2013." The OCCR collaborated with the OFMQ to improve early detection and referral of Oklahoma pediatric cancer patients in border communities and helped facilitate electronic data submission to the OCCR. A new protocol for the death clearance process helped achieve NAACCR gold status for the death clearance indicator (DCO < 3%). A database of all Oklahoma nursing homes was developed and used for linking to the listed facility on the patient death certificate.

FY-17

Breast and Cervical Cancer Program (Take Charge!)

Program staff participated in a CDC site visit in August 2016. Technical assistance was provided to the Susan G. Komen Central and Western affiliate regarding evidence-based breast and cervical cancer interventions. The evidence-based interventions were included in the recent requirements for the Susan G. Komen Central and Western Affiliate's request for proposals. Staff in collaboration with the OSDH District Nurse Managers, county health department staff, and Oklahoma Department of Mental Health and Substance Abuse Services Wellness Champions implemented campaign to promote the Take Charge! program. Take Charge! postcards were handed to women identified to be in need of breast and cervical cancer services and would meet the program guidelines. Staff worked with the Advancement of Wellness Advisory Council to increase awareness of screening benefits. The Council members suggested the following: high presence on social media, move to an electronic eligibility and data collection system, and direct mail especially for women living in rural. A pilot project is currently under development to collaborate with the Oklahoma Health Care Authority (OHCA) to assist with increasing screening numbers for the Take Charge! program. The pilot project is modeled after a similar project that Maine BCCEDP has with its Medicaid office. Two public services announcements (PSA) were written and distributed through the OSDH Office of Communications. The PSAs were aimed at providing education, increasing awareness of screening guidelines, and encouraging participation in the Take Charge! program. A total of 2,809 women were eligible for services through Take Charge! Of these eligible women, 2,083 women were provided services using only federal funds in FY 2017.

Comprehensive Cancer Program

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Comprehensive Cancer Program

The Oklahoma Comprehensive Cancer Network shifted to a new approach to prevent and control cancer by bringing professionals and organizations fighting chronic diseases and conditions together to comprise the Oklahoma Chronic Disease Alliance (OCDA). The OCDA represents a shift away from a single agency, organization, or group of professionals focused solely on cancer to one of a unified desire to prevent and control cancer while partnering with colleagues pursuing the prevention and control of other leading chronic diseases and related risk factors in Oklahoma. The Steering Committee revised the Oklahoma State Cancer Plan. The following data publications or reports were developed to guide coalition decision-making and update the Oklahoma State Cancer Plan: Cancers by Age-Adjusted Incidence and Mortality Rates for Specific Cancer Sites, Oklahoma 2013 and 2014, Age-Adjusted Incidence and Mortality Rates for breast, cervical, colorectal, and lung cancers, High need areas modeled maps for high-risk populations by sociodemographic factors for breast, cervical, and colorectal cancer. The American Cancer Society (ACS) conducted 2 continuing medical education programs in 2017. Two HPV Summits were held in Oklahoma City and Tulsa. The summits targeted key stakeholders and providers involved in adolescent vaccination efforts in each community, e.g., FQHCs, primary care healthcare professionals. The purposes of the summits were to increase awareness about HPV and to provide evidence-based interventions to healthcare providers to increase screening. The ACS, America Lung Association (ALA), Oklahoma City County Health Department (OCCHD), and others partnered with Blue Cross/Blue Shield Oklahoma in an anti-tobacco day learning experience for K-5th graders from Oklahoma public and private schools. Approximately 3,000 students, parents, and chaperones were educated with anti-tobacco messages and displays on healthy living practices.

Oklahoma Central Cancer Registry

The OCCR data was used in the International Incidence of Childhood Cancer (IICC) collaborative project of the International Agency for Research on Cancer (IARC) with the objective to disseminate data on incidence of cancer among children around the world through the publication of a monograph, the third volume in the IICC series. The OCCR collaborated on and provided data for the publication of ten articles covering cancer epidemiology and survival in Oklahoma. They were published in a special cancer edition of The Journal of the Oklahoma State Medical Association (OSMA) 2016; 109 (7/8). The OCCR hosted a 1.5 day statewide training, AJCC TNM 7th Edition and SEER Summary Stage 2000, available for all Oklahoma cancer reporters. The OCCR with the OMES formed a work group to initiate receiving messages via the messaging system for Meaningful Use Stage 2. The Oklahoma Cancer Burden report was drafted and included Oklahoma cancer trends for cancer sites: breast, cervical, colorectal, lung and bronchus and prostate for patients diagnosed up to 2013. The OCCR participated in a site visit from the NPCR-CDC Project Officer, which included presentations detailing OCCR successes, challenges, data use, collaborative relationships and advanced OCCR activities. Two abstracts for poster presentations were accepted and presented at the 2017 NAACCR Annual Conference.

FY-18 projected

Breast and Cervical Cancer Program (Take Charge!)

Take Charge! is collaborating with the Oklahoma City Housing Authority and the Urban League of Greater Oklahoma City (Urban League), along with the Cherokee Nation and Kaw Nation Breast and Cervical Cancer Early Detection Programs (BCCEDP) to promote breast and cervical cancer screening and increase access to services. Multiple efforts have occurred to recruit contractors to include collaboration with the Oklahoma Primary Care Association, American Cancer Society (ACS), and the OSDH Center for Health Innovation and Effectiveness. Take Charge! is collaborating with the Oklahoma Comprehensive Cancer Program (OCCP), Oklahoma Central Cancer Registry (OCCR), OSDH Immunization Services' Assessment, Feedback, Incentives, and eXchange (AFIX) team, and ACS to help increase Human Papillomavirus (HPV) vaccination rates across Oklahoma. Take Charge! is working to obtain contact information for individuals who have been previously denied Medicaid services. Once the data is available, Take Charge! staff will mail a letter and an eligibility form to the identified women. We anticipate beginning the pilot project in April 2018. Take Charge! participated in multiple breast cancer group events with Susan G. Komen® Central and Western Oklahoma Affiliate, Oklahoma Project Woman, and other community organizations. In October and November 2017, Take Charge! participated in the Susan G. Komen® Oklahoma City Race for the Cure and gave a live television interview on FOX25's Living Oklahoma segment to promote awareness and provide breast cancer education. As of December 2017, 698 women have received a mammogram, clinical breast exam, pap test, HPV test or diagnostic services; 463 women received a mammogram or other breast diagnostic services; and 445 received pap test, HPV test or other cervical diagnostic services. The FY18 goal is to reach 2,200 women.

Comprehensive Cancer Program

The Oklahoma Comprehensive Cancer Control Program (OCCCP) has focused on reinvigorating the partnerships with members of the Oklahoma Comprehensive Cancer Network (OCCN) via biweekly meetings of the steering committee comprised of OSDH, American Cancer Society and Oklahoma Hospital Association (OHA). The OCCN is strengthening the partnership with the Oklahoma Strategic Tribal Alliance for Health (OSTAH) formerly known as the Cherokee Nation Comprehensive Cancer Program by attending each organization's respective meetings, leveraging resources and presenting a united front in the battle against cancer as well as advising one another on details of their respective cancer plans. The OCCN continues to engage new stakeholders and increase its capacity to address policies, environments and systems that impact cancer prevention and control. One major accomplishment has been that the OCCCP, Take Charge!, and OSDH Immunization Service areas have worked together to present unified messages to providers, external partners, and internal stakeholders to ensure the entirety of the message between these three program areas is shared as often as possible. The OCCCP is currently working with the OSDH Immunization Service to identify potential contractors for the OCCCP HPV contract. The Cancer Prevention and Control Leadership Team (CPCLT) has been regularly meeting and submitted a state leadership plan to the CDC, which has been touted as the standard for other states' leadership plans.

Oklahoma Central Cancer Registry

The OCCR Advisory Committee continues enhance registry operations to meet national standards set by the CDC, National Program of Cancer registries (NPCR) and National American Association of Central Cancer registries (NAACCR). The OCCR will continue to collaborate with the Advisory Committee members to identify ways to improve the usability of the data, develop effective partnerships and increase awareness of registry activities. In response to a pediatric cancer cluster inquiry from Cherokee County (2017-3), which included legislative and media inquiries, the OCCR has worked closely with OSDH partners to convene a stakeholder group. The stakeholder group includes Oklahoma policy makers, Cherokee Nation Cancer Registry, a pediatric oncologist and a cancer advisory member. A meeting was held in early February 2018 in which the OCCR presented the assessment findings and further educated on the cancer cluster definition and processes. A clean, error free NAACCR file was submitted for cases diagnosed in 1997-2015 to NPCR-CDC in November 2017. The 2016 cases included in submission are preliminary; therefore, OCCR staff continued to collect cases diagnosed in 2016. A clean, error free NAACCR file which included updated cases diagnosed in 2016 was prepared and submitted to NPCR-CDC in January 2018. Prior to the call for data submission, a data exchange was completed with other central registries (including the Cherokee Nation Cancer Registry). The OCCR are participants of the NAACCR National Interstate Data Exchange Agreement System (N-IDEAS). All data exchange files were prepared in the recommended NPCR-CDC format and passed >99% edits prior to the exchange. Facilities continue to employ Web Plus for uploading or on-line abstracting, grant requirement deadlines and to achieve high data quality which requires using a Secure Sockets Layer (SSL) secure website. All submitted data must meet the set threshold of 100% passing CDC-NPCR required edits; hence, all facilities submit data in accordance with the NPCR specifications and standards. All hospitals reporting to the OCCR submit data electronically. Ninety-four percent of non-hospital reporting sources submit cases electronically. The OCCR completed a linkage with the IHS in November 2017 and updated the main database with the results. A linkage with the Social Security Death Index (SSDI) for patients diagnosed from 1997 through 2015 was conducted. The SSDI results were updated in the main database. The OCCR submitted a data file to NPCR-CSS that met the minimum requirements for publication in the United States Cancer Statistics. The CSC responds to data requests from the general public, public health professionals, hospital registries, not-for-profit organizations, and multiple forms of media. There are on average 2-3 of these requests per month. The OCCR is currently working to develop a high need map of Oklahoma for directed colorectal cancer screening using late stage colorectal cancer diagnosis and risk factors (such as age and poverty levels) at the census tract level.

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	Ryan White							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	9.55						9.55		9.55
<u>Program Breakdown by Fund:</u>									
State	-						-	-	-
Federal	22,062,510	-	-	-			22,062,510	146,055	22,208,565
Revolving		-	-				-		-
TOTAL	22,062,510	-	-	-	-	-	22,062,510	146,055	22,208,565
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	146,055	-		-			146,055		146,055
Salaries & Benefits	1,097,301	-		-			1,097,301		1,097,301
Travel	15,999	-		-			15,999		15,999
Other Operating Costs	20,949,210	-	-	-			20,949,210		20,949,210
	22,208,565	-	-	-	-	-	22,208,565	-	22,208,565
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Low income Oklahomans who are HIV-infected.									
<u>Outcomes:</u>									
FY-16									
2,047 clients enrolled; 1,966 clients served. These clients received one or more of the following: medications, insurance premiums, co-pay assistance, case management, dental services, laboratory services, transportation services, and mental health and substance abuse services. The Ryan White Program paid 10,537 insurance premiums, purchased 7,861 drug prescriptions, and paid 29,157 prescription co-pays.									
FY-17									
2,164 clients enrolled. Data for clients served not yet available.									
FY-18 projected									
2200 clients enrolled. 2000 clients served.									

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	HIV Prevention							ISD Data Processing	TOTAL
							Total		
FTE:	0	11.59	2.13				13.72		13.72
Program Breakdown by Fund:									
State	225,936						225,936	19	225,955
Federal	-	1,797,348	-	-			1,797,348	48,603	1,845,951
Millage		-	139,859				139,859	5,292	145,151
TOTAL	225,936	1,797,348	139,859	-	-	-	2,163,143	53,914	2,217,057
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	19	48,603	5,292	-			53,914		53,914
Salaries & Benefits	780	1,172,163	139,859	-			1,312,802		1,312,802
Travel	2,800	7,647		-			10,447		10,447
Other Operating Costs	222,356	617,538	-	-			839,894		839,894
	225,955	1,845,951	145,151	-	-	-	2,217,057	-	2,217,057
Revenue Generated:									
							-		-
Clients Served:									
Persons at high-risk for sexually-transmitted diseases (STDs); those under 30 yrs of age, African American and Hispanic populations, men who have sex with men, and injection drug users.									
Outcomes:									
FY-16									
Total number of HIV tests performed in both healthcare settings and non-healthcare settings = 21,289; 97% of patients with positive HIV tests located for case-contact investigation, counseling, and treatment referral.									
FY-17									
Total number of HIV Tests in both healthcare settings and non-healthcare settings = 22,255; 92% of patients with positive HIV tests located to conduct case-contact interview, provide prevention counseling, and refer for medical treatment & care.									
FY-18 projected									
Routinely assess and improve data quality and reporting. Conduct annual evaluation of the HIV surveillance system. Promote opt-out HIV testing in clinical settings across Oklahoma as part of routine healthcare. Provide testing to contacts identified through partner services. Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks. Increase the number of medical care providers who provide pre-exposure prophylaxis for HIV. Conduct perinatal HIV prevention and surveillance activities. Implement an effective condom distribution program across Oklahoma. Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities. Build capacity for conducting effective HIV program activities, epidemiological science, and geocoding.									

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	HIV Surveillance						ISD Data Processing	TOTAL
						Total		
FTE:	2.10	3.80				5.90		5.90
Program Breakdown by Fund:								
State	337,681					337,681	5,460	343,141
Federal	-	349,575	-	-		349,575	11,691	361,266
Revolving		-				-		-
TOTAL	337,681	349,575	-	-	-	687,256	17,151	704,407
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	5,460	11,691	-			17,151		17,151
Salaries & Benefits	215,478	329,452	-			544,930		544,930
Travel	-	5,173	-			5,173		5,173
Other Operating Costs	122,203	14,950	-	-		137,153		137,153
	343,141	361,266	-	-	-	704,407	-	704,407
Revenue Generated:								
						-		-
Clients Served:								
Maintaining effective surveillance for HIV is integral for disease prevention and control; therefore, all Oklahomans at risk of HIV transmission benefit. As of 12/31/2016, 5,954 Oklahomans were living with HIV or AIDS; 55% were aged 40-59 years. In CY2016, 295 newly diagnosed cases of HIV were reported and investigated.								
Outcomes:								
FY-16								
During FY-16, 97.9% of persons with HIV diagnosis were reported to OSDH within 6 months of diagnosis date. During FY-16, Oklahoma had an intra-jurisdiction case duplication rate of 0.0%. Oklahoma also completed all out-of-state HIV/AIDS record searches or soundex matches received via telephone within 21 days. During FY-16, 72.9% of HIV cases had received either a CD4 or Viral Load test within 3 months of diagnosis to assess AIDS status. All deceased HIV/AIDS cases with an Oklahoma death certificate had been reported to the surveillance database. OSDH ensured that all CDC-provided eHARS software upgrades were installed within 90 days of release and the monthly upload of eHARS data to CDC was completed.								
FY-17								
Percentage of HIV disease cases diagnosed and reported by 12 months after the end of the diagnosis period = 99.9%. Percentage of HIV disease cases reported within 6 months of diagnosis = 98.5%. Completeness of reporting CD4 cell count test results to OSDH within 3 months was 79.9%. Completeness of reporting HIV viral load laboratory test results within 3 months was 82.9%. Interjurisdictional case duplication rate was 0.0%.								
FY-18 projected								
At least 85% of newly diagnosed HIV cases in 2018 will have a CD4 or viral load test performed and results reported within 12 months of original diagnosis. At least 95% of all HIV/AIDS cases diagnosed in Oklahoma in 2018 are reported through routine surveillance, prior to identification by a death certificate cross match. At least 85% of cases reported in 2018 will have an identified HIV risk factor within 12 months of the initial report date. Oklahoma will distribute materials on the importance of risk factor reporting to Oklahoma facilities with high HIV reporting rates. Achieve <5% duplicates in eHARS surveillance system, which will be assessed monthly. At least 85% of Oklahoma cases will have an AIDS Case Report Form completed within 3 months of diagnosis date. At least 60% of persons with a new diagnosis of HIV/AIDS, who are age 13 years or older, will have an initial CD4 count reported to the national HIV/AIDS surveillance system, no later than 12 months after diagnosis. At least 85% of cases diagnosed in the prior year will have been reported to Oklahoma. The SAS programs distributed by the CDC will be used to evaluate completeness. An HIV Epidemiological (Epi) Profile Update in a user-friendly format will be created and will be evaluated for ease of use by the Oklahoma HIV & Hepatitis C Planning Council (OHHPC).								

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	Pregnancy Risk Assessment							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	2.6						2.60		2.60
<i>Program Breakdown by Fund:</i>									
State	-						-	-	-
Federal	116,951	-	-	-			116,951	5,535	122,486
Revolving		-					-		-
TOTAL	116,951	-	-	-	-	-	116,951	5,535	122,486
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	5,535	-		-			5,535		5,535
Salaries & Benefits	110,044	-		-			110,044		110,044
Travel		-		-			-		-
Other Operating Costs	6,907	-	-	-			6,907		6,907
	122,486	-	-	-	-	-	122,486	-	122,486
<i>Revenue Generated:</i>							-		-
<i>Clients Served:</i>									
Oklahoma infants and women of childbearing age (15-44 years). Estimated target populatoin 820,840. Annual sample approximately 2,500									
<i>Outcomes:</i>									
FY-16									
PRAMS data used in Title V MCH Block Grant Application/Annual Report annually and for reporting on OSDH/MCH priorities in the form of PRAMSGrams and briefs. These materials are used by MCH staff and partners to inform work on maternal and infant health issues. The purpose of PRAMS is to improve infant and maternal health in the Oklahoma population. PRAMS data are also used to report and monitor OSDH and MCH performance measures. On an monthly ongoing basis PRAMS staff produced sampled batches which are surveyed by mail and phone over the course of the life of the batch, typically about 90-120 days. The PRAMS project has successfully produced an annual weighted data set since its inception in 1988.									
FY-17									
Production of weighted data set for the CY2016 collection year and initiation of data collection for 2017. Monthly batches for surveying mothers of a recent live birth. Development of PRAMS briefs on birth control practices and preconception health. PRAMS data used for reporting on OSDH/MCH performance measures, program priorities, and the Title V Block Grant.									
FY-18 projected									
Release of 2017 weighted data. Production of PRAMSGrams and PRAMS briefs covering topics of paid maternity leave, maternal depression and pregnancy intention, preconception health, among others. System data will be used to report in the Title V Block Grant and OSDH/MCH performance measures. PRAMS data will be used as necessary to monitor emerging health issues in the maternal and infant populations.									

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	STD Prevention						ISD Data Processing	TOTAL
						Total		
FTE:	5.03	6.76	31.15			42.94	42.94	
<u>Program Breakdown by Fund:</u>								
State	625,021					625,021	750,298	
Federal	-	834,191	-	-		834,191	874,937	
Revolving		-	1,834,519			1,834,519	1,858,653	
TOTAL	625,021	834,191	1,834,519	-	-	3,293,731	3,483,888	
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	125,277	40,746	24,134	-		190,157	190,157	
Salaries & Benefits	588,385	784,582	1,834,519	-		3,207,486	3,207,486	
Travel	4,536	2,377		-		6,913	6,913	
Other Operating Costs	32,100	47,232	-	-		79,332	79,332	
	750,298	874,937	1,858,653	-	-	3,483,888	3,483,888	
<u>Revenue Generated:</u>								
						-	-	
<u>Clients Served:</u>								
All Oklahomans at high-risk to acquire a sexually-transmitted disease (STD), including women under 26 years of age, persons of both genders with multiple sex partners, partners to someone infected with a STD, injection drug users and men who have sex with men.								
<u>Outcomes:</u>								
FY-16 21,449 cases of chlamydia and 6,574 cases of gonorrhea were reported. OSDH Investigated/provided partner services, including antibiotic treatment to over 600 syphilis cases and 2,850 sexual partners. Preventatively treated 259 people. Investigated and provided partner services for 332 cases of other STDs and 1,438 partners. Sponsored one Sexually Transmitted Infections (STI) Academy (25 nurses trained).								
FY-17 8 STI Academies provided (>110 nurses trained). Investigated/provided partner services to over 850 syphilis cases, 5,278 partners. Preventatively treated 395 people for syphilis. Investigated/provided partner services for 332 gonorrhea cases and 1,438 partners.								
FY-18 projected Ensure at least 75% of females 15-24 years of age enrolled in Medicaid and Title X family planning clinics are screened annually for Chlamydia. Conduct 2 STI Academies to expand public health nurse training. Investigate and provide partner services to all reported cases of syphilis and HIV and follow-up and test their sex and needle sharing partners. Collect surveillance data on all cases of chlamydia, gonorrhea, syphilis, and HIV. Contact each lab identified as reporting gonorrhea during 2016 and determine ability to detect antibiotic resistant infections. Reduce the number of congenital syphilis cases in Oklahoma. Provide 13.5% of overall award to the Public Health Lab to support expanded chlamydia testing at no cost to clients. Ensure at least 85% of MSM seen at each Ryan White Part B clinics receive syphilis and rectal gonorrhea screening at least annually. Achieve a disease intervention index of 0.70 for primary & secondary syphilis. Increase the proportion of clients co-infected with HIV and syphilis and/or gonorrhea interviewed within 14 days and linked to HIV medical care within 90 days. Achieve 100% follow-up rate of all suspected or probable cephalosporin-resistant N. gonorrhoeae. Quarterly review and revise website content to provide the most recent epidemiological data for chlamydia, gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C.								





	Children First							ISD Data Processing	TOTAL
							Total		
FTE:	22.15	24.29					46.44		46.44
<u>Program Breakdown by Fund:</u>									
State	4,906,585						4,906,585	142,934	5,049,519
Federal	-		-	-			-		-
Millage		1,689,055	-				1,689,055	19,606	1,708,661
TOTAL	4,906,585	1,689,055	-	-	-	-	6,595,640	162,540	6,758,180
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	142,934	19,606	-	-			162,540		162,540
Salaries & Benefits	2,133,672	1,689,055	-	-			3,822,727		3,822,727
Travel	59,459		-	-			59,459		59,459
Other Operating Costs	2,713,454		-	-			2,713,454		2,713,454
	5,049,519	1,708,661	-	-	-	-	6,758,180	-	6,758,180
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Children First is the Oklahoma Nurse Family Partnership home visiting program that serves first time mothers, enrolled before 26 weeks gestation to the child's 2nd birthday.									
<u>Outcomes:</u>									
FY-16									
Children First served 2,582 families and provided 26,729 home visits.									
FY-17									
Children First served 2,208 families and provided 22,104 home visits.									
FY-18 projected									
Children First served 1,630 families and provided 12,818 home visits.*									

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	Licensure Health Facilities							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	20.20						20.20		20.20
<i>Program Breakdown by Fund:</i>									
State							-	-	-
Federal	-		-	-			-		-
Fees	1,713,883		-				1,713,883	79,411	1,793,294
TOTAL	1,713,883	-	-	-	-	-	1,713,883	79,411	1,793,294
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	79,411	-	-	-			79,411		79,411
Salaries & Benefits	1,545,264	-	-	-			1,545,264		1,545,264
Travel	41,846		-	-			41,846		41,846
Other Operating Costs	126,773		-	-			126,773		126,773
	1,793,294	-	-	-	-	-	1,793,294	-	1,793,294
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
<p>Clients Served for Facility Services Division includes all licensed and certified hospitals and consumers of those hospitals; Ambulatory Surgical Centers and surgery patients, and Workplace Drug and Alcohol Testing Facilities and employees and employers who utilize the services of such facilities. Additionally, licensure services for long-term care facilities serve an estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.</p>									
<i>Outcomes:</i>									
FY-16									
Facility Services Division conducted 159 surveys & complaint surveys, issued 380 licenses which involve 17,669 beds. The Long Term Care Service conducted 3,537 investigations. In addition, OSDH received and processed 1,260 complaints and 46,538 incident reports.									
FY-17									
Facility Services Division conducted 112 surveys & complaint surveys, issued 368 licenses which involve 18,829 beds. The Long Term Care Service conducted 3,148 investigations. In addition, we received and processed 1,054 complaints and 49,072 incident reports.									
FY-18 projected									
Facility Services Division will conduct approximately 138 surveys & complaint surveys, will issue approximately 374 licenses which involves 18,869 beds. The Long Term Care Service expects to conduct 3,200 investigations, receive 1,100 complaints and 50,000 incidents.									

	Home Health Care							ISD Data Processing	TOTAL
							Total		
FTE:	1.05						1.05		1.05
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	-		-	-			-		-
Fees	208,250		-				208,250	13,409	221,659
TOTAL	208,250	-	-	-	-	-	208,250	13,409	221,659
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	13,409	-	-	-			13,409		13,409
Salaries & Benefits	193,150	-	-	-			193,150		193,150
Travel	-		-	-			-		-
Other Operating Costs	15,100		-	-			15,100		15,100
	221,659	-	-	-	-	-	221,659	-	221,659
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Patients receiving Home Health services and all Home Health agencies in the State									
<u>Outcomes:</u>									
FY-16									
Total number of surveys completed were 265, total licensed agencies were 377 with 511 additional branches. There were 302 deficiencies cited. With 1.8 deficiencies cited per survey.									
FY-17									
Total number of surveys completed were 205, total licensed agencies were 374 with 518 additional branches. There were 302 deficiencies cited. With 2.4 deficiencies cited per survey.									
FY-18 projected									
A projection of 235 surveys is expected be completed, We project a total of 375 (372 agencies currently) licensed agencies with 522 additional branches. We project an average of 1.8 deficiencies per survey to be cited. 99 deficiencies have currently been cited at an average of 1.83 per survey									

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	National Background Check							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	2.15						2.15		2.15
<i>Program Breakdown by Fund:</i>									
State							-	-	-
Federal	-		-	-			-		-
Fees	1,521,991		-				1,521,991	72,862	1,594,853
TOTAL	1,521,991	-	-	-	-	-	1,521,991	72,862	1,594,853
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	72,862	-	-	-			72,862		72,862
Salaries & Benefits	36,466	-	-	-			36,466		36,466
Travel	116		-	-			116		116
Other Operating Costs	1,485,409		-	-			1,485,409		1,485,409
	1,594,853	-	-	-	-	-	1,594,853	-	1,594,853
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
In excess of 1,000 Nursing, Adult Day Care, Residential Care, Assisted Living and Continuum of Care facilities; Home Health and Hospice agencies; home and community based waived service providers; the staffing agencies and independent contractors support them; and the staff seeking employment.									
<i>Outcomes:</i>									
FY-16									
Connected Applications, 27,007; New Fingerprints Collected, 34,259; Total Applications, 61,266; Ineligible Background Checks Completed, 458; Appeals Granted, 71; Appeals Denied, 33; Applicants with In State Charges, 3,634; Applicants with In State and Out of State Charges, 959; Applicants with Out of State Charges, 1,784; Monitored Records, 419; Monitored Record Disqualifications, 16									
FY-17									
Connected Applications, 33,112; New Fingerprints Collected, 26,599; Total Applications, 59,711; Ineligible Background Checks Completed, 331; Appeals Granted, 90; Appeals Denied, 51; Applicants with In State Charges, 2,991; Applicants with In State and Out of State Charges, 823; Applicants with Out of State Charges, 1,491; Monitored Records, 521; Monitored Record Disqualifications, 51;									
FY-18 projected									
Connected Applications, 36,489; New Fingerprints Collected, 23,685; Total Applications, 60,174; Ineligible Background Checks Completed, 247; Appeals Granted, 89; Appeals Denied, 65; Applicants with In State Charges, 2,752; Applicants with In State and Out of State Charges, 735; Applicants with Out of State Charges, 1,396; Monitored Records, 463; Monitored Record Disqualifications, 50									

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	HCA Civil Monetary Penalty						ISD Data Processing	TOTAL
<i>FTE:</i>	1.00						1.00	1.00
<i>Program Breakdown by Fund:</i>								
State						-	-	-
Federal	-		-	-		-		-
Fees	2,876,522		-			2,876,522	3,254	2,879,776
TOTAL	2,876,522	-	-	-	-	2,876,522	3,254	2,879,776
<i>Program Breakdown by Items of Cost:</i>								
Program Reimbursements / Assistance	3,254	-	-	-		3,254		3,254
Salaries & Benefits	96,234	-	-	-		96,234		96,234
Travel	13,801		-	-		13,801		13,801
Other Operating Costs	2,766,487		-	-		2,766,487		2,766,487
	2,879,776	-	-	-	-	2,879,776	-	2,879,776
<i>Revenue Generated:</i>								
						-		-
<i>Clients Served:</i>								
Potential clients are approx 300 nursing homes and 19,000 nursing home residents in Medicare and/or Medicaid certified nursing homes (skilled & long-term care)								
<i>Outcomes:</i>								
FY-16								
5 projects funded to benefit ~6,300 nursing home residents among ~100 participating; nursing homes; Composite Score (a federal long-term care quality measure) improved from 10.1 to 9.5								
FY-17								
7 projects funded to benefit ~9,500 nursing home residents among ~150 participating; nursing homes;; composite score improved from 9.5 to 8.8; ~150 nursing homes participating								
FY-18 projected								
10 projects funded to benefit ~10,760 nursing home residents among ~170 participating; nursing homes;; composite score improvement from 8.8 to 8.5; ~150 nursing homes participating								

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		Trauma Care Assistance						ISD Data Processing	TOTAL
								Total	
<u>FTE:</u>	20.00							20.00	20.00
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	-		-	-			-	-	-
Fees	22,081,972		-				22,081,972	295,739	22,377,711
TOTAL	22,081,972	-	-	-	-	-	22,081,972	295,739	22,377,711
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	295,739	-	-	-			295,739		295,739
Salaries & Benefits	806,385	-	-	-			806,385		806,385
Travel	5,494		-	-			5,494		5,494
Other Operating Costs	21,270,093		-	-			21,270,093		21,270,093
	22,377,711	-	-	-	-	-	22,377,711	-	22,377,711
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
The Trauma Fund supports the public health safety net that provides appropriate emergency medical care to severely injured patients. Oklahoma-licensed physicians, hospitals and EMS agencies are eligible for reimbursement for uncompensated major trauma care expenses.									
<u>Outcomes:</u>									
FY-16 Based on reporting to the Trauma Registry, care was provided to 7084 patients that met reporting criteria. Reimbursement was distributed to 79 EMS agencies, 75 hospitals and 602 physicians.									
FY-17 Based on reporting to the Trauma Registry, care was provided to 7053 patients that met reporting criteria. Reimbursement was distributed to 61 EMS agencies, 76 hospitals and 650 physicians.									
FY-18 projected Based on reporting to the Trauma Registry, care was provided to 7221 patients that met reporting criteria. Reimbursement was distributed to 59 EMS agencies, 71 hospitals and 667 physicians.									

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	Heirloom Birth Certificates							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.00						0.00		0.00
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	-		-	-			-		-
Fees	122,000		-				122,000	-	122,000
TOTAL	122,000	-	-	-	-	-	122,000	-	122,000
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	-	-	-	-			-		-
Salaries & Benefits	-	-	-	-			-		-
Travel	-		-	-			-		-
Other Operating Costs	122,000		-	-			122,000		122,000
	122,000	-	-	-	-	-	122,000	-	122,000
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Heirloom Funds are utilized to provide trainings for home visitors providing home visitation services to families with children birth to 13, first time mothers and prenatal to three. Trainings are open to all home visitation programs serving these populations throughout Oklahoma.									
<u>Outcomes:</u>									
FY-16									
A total of \$37,579 is budgeted for home visitation prevention trainings each year on Heirloom Birth Certificate Funding. The number of trainings provided each year range from 75-90 depending on enrollment and training needs.									
FY-17									
A total of \$37,579 is budgeted for home visitation prevention trainings each year on Heirloom Birth Certificate Funding. The number of trainings provided each year range from 75-90 depending on enrollment and training needs.									
FY-18 projected									
A total of \$37,579 is budgeted for home visitation prevention trainings each year on Heirloom Birth Certificate Funding. The number of trainings provided each year range from 75-90 depending on enrollment and training needs.									

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		EMT Death Benefit						ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.00						0.00		0.00
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	-		-	-			-		-
Fees	20,000		-				20,000	-	20,000
TOTAL	20,000	-	-	-	-	-	20,000	-	20,000
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	-	-	-	-			-		-
Salaries & Benefits	-	-	-	-			-		-
Travel	-		-	-			-		-
Other Operating Costs	20,000		-	-			20,000		20,000
	20,000	-	-	-	-	-	20,000	-	20,000
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
The designated beneficiaries of personnel who die in the line of duty are paid by the Department a \$5,000.00 benefit.									
<u>Outcomes:</u>									
FY-16									
Payment of death benefit. - None									
FY-17									
1 Payout to a surviving spouse.									
FY-18 projected									
1 Payout to a surviving spouse is being processed.									

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	Rural EMS							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.00						0.00		0.00
<u>Program Breakdown by Fund:</u>									
State							-	-	-
Federal	-		-	-			-		-
Fees	1,263,385		-				1,263,385	-	1,263,385
TOTAL	1,263,385	-	-	-	-	-	1,263,385	-	1,263,385
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	-	-	-	-			-		-
Salaries & Benefits	-	-	-	-			-		-
Travel	-		-	-			-		-
Other Operating Costs	1,263,385		-	-			1,263,385		1,263,385
	1,263,385	-	-	-	-	-	1,263,385	-	1,263,385
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Any certified or licensed EMS agency, approved training institutions, approved dispatch agencies, medical directors, ems personnel, or associations or sponsoring organizations. Expenditures are limited to statutory approved purposes. (O.S.63-1-2512.1)									
<u>Outcomes:</u>									
FY-16									
13 contracts - Maximum contracted amount- \$1,164,909.62									
FY-17									
12 contracts - Maximimum contracted amount - \$1,147,060.44									
FY-18 projected									
14 contracts - Maximum contracted amount: \$1,000,000.00									

	Dental Loan Repayment							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	2.60						2.60		2.60
<u>Program Breakdown by Fund:</u>									
State	241,248						241,248	8,752	250,000
Federal	-		-	-			-		-
Revolving	-	550,492	-				550,492	-	550,492
TOTAL	241,248	550,492	-	-	-	-	791,740	8,752	800,492
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	8,752	-	-	-			8,752		8,752
Salaries & Benefits	231,515	-	-	-			231,515		231,515
Travel	2,000		-	-			2,000		2,000
Other Operating Costs	7,733	550,492	-	-			558,225		558,225
	250,000	550,492	-	-	-	-	800,492	-	800,492
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Medicaid clients dependent upon the State for dental care, predominantly children; New dentists receiving assistance with dental school loan repayment									
<u>Outcomes:</u>									
FY-16									
33,651 Medicaid encounters									
FY-17									
36,024 Medicaid encounters									
FY-18 projected									
Currently have funds for 22 FTE dentists to participate at \$25,000/year									

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	Oklahoma Athletic Commission							ISD Data Processing	TOTAL
							Total		
FTE:	1.77	0.23					2.00		2.00
<u>Program Breakdown by Fund:</u>									
State	170,261						170,261	6,047	176,308
Federal	-		-	-			-		-
Revolving	-	264,971	-				264,971	-	264,971
TOTAL	170,261	264,971	-	-	-	-	435,232	6,047	441,279
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	6,047	-	-	-			6,047		6,047
Salaries & Benefits	170,105	190,914	-	-			361,019		361,019
Travel	156	23,500	-	-			23,656		23,656
Other Operating Costs	-	50,557	-	-			50,557		50,557
	176,308	264,971	-	-	-	-	441,279	-	441,279
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Professional Boxers, Elimination, Tournament Participants, Seconds Professional Mixed Martial Artists, Promoters, Vendors, Timekeepers, Matchmakers, Referees, Judges, Announcers, Professional Wrestlers									
<u>Outcomes:</u>									
FY-16 242 events conducted statewide with no significant injuries occurring.									
FY-17 242 events conducted statewide with no significant injuries occurring.									
FY-18 projected Expect 270 events to be conducted with no significant injuries occurring.									

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	Jail Inspection							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	1.75						1.75		1.75
<u>Program Breakdown by Fund:</u>									
State	178,380						178,380	12,610	190,990
Federal	-		-	-			-		-
Revolving			-				-		-
TOTAL	178,380	-	-	-	-	-	178,380	12,610	190,990
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	12,610		-	-			12,610		12,610
Salaries & Benefits	170,939		-	-			170,939		170,939
Travel	2,000		-	-			2,000		2,000
Other Operating Costs	5,441		-	-			5,441		5,441
	190,990	-	-	-	-	-	190,990	-	190,990
<u>Revenue Generated:</u>									
<u>Clients Served:</u>									
131 County, City, and Ten Day Lock-up detention facilities housing approximately 12,000 inmates.									
<u>Outcomes:</u>									
FY-16 annual Inspections = 164; complaints and incidents reports received = 258; complaints and incidents reports worked = 151; revisits conducted = 27; Detention officers tested = 2,458; facility tests administered = 267.									
FY-17 annual Inspections=134; complaints and incidents reports received = 274; complaints and incidents reports worked = 147; revisits conducted = 72; Detention officers tested = ~2,500; facility tests administered = ~270.									
FY-18 projected annual Inspections= 100 complaints and incidents reports received = 250; complaints and incidents reports worked = 135; revisits conducted = 0; Detention officers tested = suspended; facility tests administered = suspended.									

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	Long Term Care						ISD Data Processing	TOTAL	
							Total		
<u>FTE:</u>	27.80	90.20					118.00		118.00
<u>Program Breakdown by Fund:</u>									
State	3,080,419						3,080,419	93,226	3,173,645
Federal	-	8,013,984	-	-			8,013,984	443,872	8,457,856
Revolving			-				-		-
TOTAL	3,080,419	8,013,984	-	-	-	-	11,094,403	537,098	11,631,501
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	93,226	443,872	-	-			537,098		537,098
Salaries & Benefits	2,876,376	7,135,683	-	-			10,012,059		10,012,059
Travel	45,000	458,519	-	-			503,519		503,519
Other Operating Costs	159,043	419,782	-	-			578,825		578,825
	3,173,645	8,457,856	-	-	-	-	11,631,501	-	11,631,501
<u>Revenue Generated:</u>									
Revolving							-		-
<u>Clients Served:</u>									
An estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.									
<u>Outcomes:</u>									
FY-16									
The total number of facilities for Long Term Care was 693 consisting of 47,848 licensed beds. The Long Term Care Service conducted 3,537 investigations. In addition, OSDH received and processed 1,260 complaints and 46,538 incident reports.									
FY-17									
The total number of facilities for Long Term Care was 688 consisting of 45,419 licensed beds. The Long Term Care Service conducted 3,148 investigations. In addition, we received and processed 1,054 complaints and 49,072 incident reports.									
FY-18 projected									
The Long Term Care Service is projecting 690 facilities consisting of 46,000 licensed beds. OSDH expects to conduct 3,200 investigations, receive 1,100 complaints and 50,000 incidents.									

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	Public Health Accreditation							ISD Data Processing	TOTAL
							Total		
FTE:	1.10	8.90					10.00		10.00
<u>Program Breakdown by Fund:</u>									
State	115,697						115,697	26,850	142,547
Federal	-		-	-			-		-
Revolving	-	754,253	-				754,253	-	754,253
TOTAL	115,697	754,253	-	-	-	-	869,950	26,850	896,800
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	26,850	-	-	-			26,850		26,850
Salaries & Benefits	103,697	754,253	-	-			857,950		857,950
Travel	-		-	-			-		-
Other Operating Costs	12,000		-	-			12,000		12,000
	142,547	754,253	-	-	-	-	896,800	-	896,800
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
<u>Outcomes:</u>									
FY-16									
FY-17									
FY-18 projected									

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	Quality Improvement and Evaluation						ISD Data Processing	TOTAL
						Total		
FTE:	0.00	3.40				3.40		3.40
Program Breakdown by Fund:								
State	39,429					39,429	64,132	103,561
Federal	-	303,924	-	-		303,924	16,731	320,655
Revolving	-		-			-	-	-
TOTAL	39,429	303,924	-	-	-	343,353	80,863	424,216
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	64,132	16,731	-	-		80,863		80,863
Salaries & Benefits	13,679	292,672	-	-		306,351		306,351
Travel	9,650	1,897	-	-		11,547		11,547
Other Operating Costs	16,100	9,355	-	-		25,455		25,455
	103,561	320,655	-	-	-	424,216	-	424,216
Revenue Generated:							-	-
Clients Served:								
National Practitioner Data Bank Reporting: The DHHS National Practitioner Data Bank, individuals and entities who are reported with sanctions, and health care providers who use the system to conduct queries on providers and individuals.								
Quality Assurance & Data Systems: Protective Health Services Program surveyors and staff, CMS project managers, software vendors and other public and private entities that use ASPEN, ACO, AEM, CMSNet and the QIES Data System and require support in QA activities.								
Minimum Data Set (MDS): Nursing facilities and staff; Swing bed hospital providers; privately owned software vendors; State Medicare and Medicaid surveyors; other State and Federal Agencies; clients of Medicare and Medicaid facilities.								
Outcome Assessment and Information Set (OASIS): Medicare certified home health agencies and staff; privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.								
Outcomes:								
FY-16								
NPDG Reports Submitted: 100; Surveyors and Staff Supported: 220; QA Projects: 6; MDS Trainings: 12; MDS Training Participants: 504; MDS Helpdesk Contacts: 950; OASIS Trainings: 3; OASIS Training Participants: 240; OASIS HelpDesk Contacts: 362								
FY-17								
NPDG Reports Submitted: 111; Surveyors and Staff Supported: 200; QA Projects: 5; MDS Trainings: 12; MDS Training Participants: 486; MDS Helpdesk Contacts: 959; OASIS Trainings: 2; OASIS Training Participants: 179; OASIS HelpDesk Contacts: 450								
FY-18 projected								
NPDG Reports Submitted: 130; Surveyors and Staff Supported: 180; QA Projects: 2; MDS Trainings: 12; MDS Training Participants: 500; MDS Helpdesk Contacts: 1,000; OASIS Trainings: 2; OASIS Training Participants: 194; OASIS HelpDesk Contacts: 436								

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	Records Evaluation & Support							ISD Data Processing	TOTAL
							Total		
FTE:	5.45						5.45		5.45
<u>Program Breakdown by Fund:</u>									
State	718,550						718,550	165,174	883,724
Federal	-		-	-			-		-
Revolving	-		-				-	-	-
TOTAL	718,550	-	-	-	-	-	718,550	165,174	883,724
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	165,174		-	-			165,174		165,174
Salaries & Benefits	599,952		-	-			599,952		599,952
Travel	36,260		-	-			36,260		36,260
Other Operating Costs	82,338		-	-			82,338		82,338
	883,724	-	-	-	-	-	883,724	-	883,724
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
<u>Outcomes:</u>									
FY-16									
FY-17									
FY-18 projected									

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	Tribal Liaison						ISD Data Processing	TOTAL
						Total		
FTE:	3.00					3.00	3.00	
<u>Program Breakdown by Fund:</u>								
State	311,555					311,555	8,995	320,550
Federal	-	-	-			-		-
Revolving	-	-				-	-	-
TOTAL	311,555	-	-	-	-	311,555	8,995	320,550
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	8,995	-	-			8,995		8,995
Salaries & Benefits	290,131	-	-			290,131		290,131
Travel	3,100	-	-			3,100		3,100
Other Operating Costs	5,825	-	-			5,825		5,825
	308,051	-	-	-	-	308,051	-	308,051
							-	-
<u>Revenue Generated:</u>								
<u>Clients Served:</u>								
External Customers: OSDH leadership, deputy commissioners, regional health directors, program managers and staff								
External Customers: Tribal leaders, health directors, public health authorities, state and federal agencies, health boards, and community partners								
The primary function of this office is to promote government to government relationships with Oklahoma's 39 tribal sovereign nations. The office assures compliance with the OSDH Tribal Consultation Policy, promotes opportunities for OSDH staff to establish their own relationships with key stakeholders within Oklahoma's complex Indian health system, establishes cultural competency training for OSDH staff, develops methodology to evaluate the performance of the Office and of all sub-contractors, and provides technical assistance to county health department administrators, accreditation coordinators and state office staff. The Tribal Liaison is the first point of contact for tribal nations. This office conducts or participates in tribal leader visits, tribal nation site visits, service unit meetings as needed; participates in state and federal tribal consultations, facilitates linkages between other state agency tribal liaisons; aids in recruiting Native American stakeholders across a broad range of public health issues.								
<u>Outcomes:</u>								
FY-16								
Mutual understanding among Tribal Nations & OSDH to inform AI health decisions; Collaborative efforts among Tribal Nations & key stakeholders to support OHIP & OSDH strategic priorities; Cultural competency knowledge & skills within OSDH workforce; Awareness, knowledge, & utilization of the OTL & OSDH as trusted resources.								
FY-17								
3 New partnerships with tribal nations & tribal serving entities; 1 New or enhanced OSDH AI policies, procedures, protocols, or products; 2 County health administrators establish new partnerships with tribal nations or tribal serving entities; 90% of 7th Generation Conference tribal committee members express collaboration satisfaction; 65% OSDH employees indicate increase in knowledge & skills after training; 50% of OSDH program managers indicate desire to include AI initiatives in their work; 15 Tribal & external key stakeholders request OSDH & OTL for collaboration or assistance; 72 OSDH employees request OTL & OTL mentee- colleagues for collaboration or assistance; 6 Abstracts accepted for peer reviewed journals or state/national conferences; 3 Knowledge translation products created								
FY-18 projected								
Increase mutual understanding among Tribal Nations & OSDH to inform American Indian (AI) health decisions; - 85% of Tribal Public Health Advisory Committee (TPHAC) members express mutual understanding & collaboration satisfaction with OSDH; Collaborative efforts among Tribal Nations, community partners, & OSDH that are mutually beneficial - 4 Tribal Nations or tribal serving entities collaborate with OSDH on public health initiatives; Communication, knowledge dissemination & awareness that OTL & OSDH exist as trusted resources - 75% of internal & external customers indicate OSDH provides open communication & is a good role model for tribal-state collaborations; Increased Cultural intelligence knowledge & skills within OSDH workforce - 65% of internal customers who sought consultation on how to effectively collaborate with Tribal Nations indicate increase in knowledge & skills								



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	Oklahoma Birth Defects							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	1.20						1.20		1.20
<i>Program Breakdown by Fund:</i>									
State	-						-		-
Federal	137,832	-	-	-			137,832	2,532	140,364
Revolving	-		-				-		-
TOTAL	137,832	-	-	-	-	-	137,832	2,532	140,364
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	2,532	-	-				2,532		2,532
Salaries & Benefits	94,367	-	-				94,367		94,367
Travel	2,700	-	-				2,700		2,700
Other Operating Costs	40,765	-	-				40,765		40,765
	140,364	-	-	-	-	-	140,364	-	140,364
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
The Oklahoma Birth Defects Registry is a statewide, active population-based surveillance registry that monitors the state's 53,000 annual births.									
<i>Outcomes:</i>									
FY-16									
The program enhanced birth defects surveillance through increasing the number of records remotely accessed, obtained new sources for case ascertainment through increased collaborations for cases to be reported to the OBDR, and developed a quality improvement plan to improve timeliness of abstraction. The program improved prevention strategies through the dissemination of data in regional and hospital specific profiles, development of partnerships to enhance data dissemination, utilization of data to improve prevention strategies for populations at risk, and the distribution of multivitamins to county health									
FY-17									
The program continued to enhance birth defects surveillance through increasing the number of records remotely accessed, and increasing the proportion of cases identified prenatally through external collaborations. The program revised the programs policy and procedure manual as well as transitioned from utilizing ICD-CM-9 discharge codes to ICD-CM-10. The OBDR established variables and was able to link children with critical congenital heart defects to pulse oximetry screening results reported to the Newborn Screening Program allowing for the opportunity to develop reports and target education to birthing hospitals. The program also expanded referral for services to include children identified with cytomegalovirus and neural tube defects. The program also developed and provided education to midwives across Oklahoma regarding pulse oximetry screening for critical congenital heart defects.									
FY-18 projected									
The program plans to continue to enhance birth defects surveillance, improvement quality assurance guidelines, and develop an electronic monitoring system to measure progress of abstraction. The program will continue to improve prevention strategies through dissemination of data and expanding partnerships. The program will also translate educational materials to Spanish. The program will continue to expand referral to services.									

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	Child Guidance							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	22.75						22.75		22.75
<u>Program Breakdown by Fund:</u>									
State	2,339,826						2,339,826	159,395	2,499,221
Federal	-		-	-			-	-	-
Millage		1,589,175	-				1,589,175	8,560	1,597,735
TOTAL	2,339,826	1,589,175	-	-	-	-	3,929,001	167,955	4,096,956
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	187,011	8,560	-	-			195,571		195,571
Salaries & Benefits	1,498,176	1,589,175	-	-			3,087,351		3,087,351
Travel	25,679	-	-	-			25,679		25,679
Other Operating Costs	788,355	-	-	-			788,355		788,355
TOTAL	2,499,221	1,597,735	-	-	-	-	4,096,956	-	4,096,956
<u>Revenue Generated:</u>									
<u>Clients Served:</u>									
The population served through the Child Guidance Program is children birth to 13 years, their families and caretakers.									
<u>Outcomes:</u>									
FY-16									
Completed Child Guidance encounters in regional hubs and including contracts with OUHSC and THD: 20,756.									
Attended population based groups which include topical presentation, evidence-based groups, screenings and consultation: 11,368									
FY-17									
Completed Child Guidance encounters in regional hubs and including contracts with OUHSC and THD: 21,478									
Attended population based groups which include topical presentation, evidence-based groups, screenings and consultation: 10,980									
FY-18 projected									
Completed Child Guidance encounters in regional hubs and including contracts with OUHSC and THD: 17,394*									
Attended population based groups which include topical presentations, evidence-based groups, screenings and consultation: 8,997									

	Hepatitis							ISD Data Processing	TOTAL
							Total		
FTE:	1.00						1.00		1.00
<u>Program Breakdown by Fund:</u>									
State							-		-
Federal	88,753		-	-			88,753	3,895	92,648
Revolving	-		-				-	-	-
TOTAL	88,753	-	-	-	-	-	88,753	3,895	92,648
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	3,895		-	-			3,895		3,895
Salaries & Benefits	86,996		-	-			86,996		86,996
Travel	1,130		-	-			1,130		1,130
Other Operating Costs	627		-	-			627		627
	92,648	-	-	-	-	-	92,648	-	92,648
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Oklahomans at high-risk to acquire hepatitis B and/or hepatitis C									
<u>Outcomes:</u>									
FY-16									
During CY-16, 1,277 total at-risk persons tested for hepatitis B and C through this program; 242 positive results; Positivity rate = 19%									
FY-17									
During CY-17, 897 at-risk persons tested for hepatitis B and C; 146 positive results; Positivity rate = 16%									
FY-18 projected									
Goal for CY-18 is testing of at least 1,087 at-risk persons for hepatitis B and C.									

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	TSET Wellness - Tobacco Control and PAN						ISD Data Processing	TOTAL
						Total		
FTE:	5.85	1.46				7.31		7.31
Program Breakdown by Fund:								
State		186,917				186,917	8,327	195,244
Federal	-		-	-		-	-	-
Millage	969,360		-			969,360	67,098	1,036,458
TOTAL	969,360	186,917	-	-	-	1,156,277	75,425	1,231,702
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	67,098	8,327	-	-		75,425		75,425
Salaries & Benefits	589,164	185,417	-	-		774,581		774,581
Travel	12,000		-	-		12,000		12,000
Other Operating Costs	368,196	1,500	-	-		369,696		369,696
	1,036,458	195,244	-	-	-	1,231,702	-	1,231,702
Revenue Generated:								
Clients Served:								
49 TSET Healthy Living Program (HLP) grantee organizations covering 63 counties and reaching 94% of the state's population as well as the Health Systems Initiatives (HSI) grantees								
Outcomes:								
FY-16								
In FY-16, OSDH responded to 220 requests from TSET grantees for technical assistance and intensive consultation from subject matter experts in the areas of tobacco control, physical activity, nutrition and sector-based wellness. In addition, OSDH reviewed and provided guidance on 430 local wellness policies. OSDH was responsible for 19 training events for the TSET HLP grantees in FY-16 and also developed the Technical Assistance Management Platform (TAMP) to track requests moving forward.								
FY-17								
In FY-17, OSDH responded to 492 requests from TSET grantees for technical assistance and intensive consultation from subject matter experts in the areas of tobacco control, physical activity, nutrition and sector-based wellness. On average each grantee submitted 10 requests for technical assistance. Of the requests received, 33% related to school wellness activities, 25% to communities, 20% to worksites, 8% to community organizations, 3% to early childcare facilities, and 2% to faith-based communities. In addition, OSDH reviewed and provided guidance on 709 local wellness policies. Customer satisfaction surveys were conducted with the grantees and showed 86% were satisfied or very satisfied with the technical assistance services provided. OSDH also developed county health profiles for all 77 counties to support planning and implementation of local wellness initiatives. OSDH was responsible for over 20 training events for the TSET HLP and HSI grantees in FY-17.								
State Funds: Development and implementation of the Health360 Obesity initiative. Through this project a master compendium was developed that listed the obesity prevention and treatment projects/programs with the strongest evidence base. Through this process over 90 programs were identified and scored for the strength of evidence, reach of project, and proven impact on disparate populations. Programs and projects from over 10 state agencies whose work impacts obesity were then evaluated and compared to the master compendium to find duplications and potential areas for increased efficiencies in projects related to obesity. In all nearly 100 projects were evaluated, and agencies were then consulted to find and develop plans moving forward to focus on the most cost effective ways to prevent and treat obesity moving forward.								
FY-18 projected								
To date in FY-18, OSDH has responded to 283 requests from TSET grantees for technical assistance and intensive consultation from subject matter experts in the areas of tobacco control, physical activity, nutrition and sector-based wellness. OSDH has reviewed and provided guidance on 767 local wellness policies as well as developed county health profiles for all 77 counties to support planning and implementation of local wellness initiatives. To date, OSDH has coordinated 9 training events for the TSET HLP grantees and developed 2 wellness toolkits.								



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	Fitnessgram							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>		0.60					0.60		0.60
<u>Program Breakdown by Fund:</u>									
State		55,937					55,937	1,001	56,938
Federal			-	-			-	-	-
Revolving	20,000		-				20,000	80,000	100,000
TOTAL	20,000	55,937	-	-	-	-	75,937	81,001	156,938
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	80,000	1,001	-	-			81,001		81,001
Salaries & Benefits	-	44,438	-	-			44,438		44,438
Travel	-		-	-			-		-
Other Operating Costs	20,000	11,499	-	-			31,499		31,499
	100,000	56,938	-	-	-	-	156,938	-	156,938
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
92,144 current clients served (FY16-FY18). Clients are public school students.									
<u>Outcomes:</u>									
FY-16 FitnessGram is a fitness assessment and reporting program for students in response to the need for a comprehensive set of assessment procedures in PE programs. FitnessGram assesses 5 components of health aerobic capacity, muscle strength, muscle endurance, flexibility, and body composition. Schools are required to submit a signed MOU and receive training from OSDH to participate in the program. In FY-16, 250 schools were certified and able to use FitnessGram. In FY-16, 208 students entered assessment data for the year.									
FY-17 Schools are required to submit a signed MOU and receive training from OSDH to participate in the program. In FY-17, 285 were certified and able to use FitnessGram. In FY-17, 48,875 students entered assessment data.									
FY-18 projected Currently 319 schools are certified and able to use FitnessGram. Currently 43,019 students have entered assessment data. OSDH anticipates receiving data for 85,000 students by the May 1, 2018 submission deadline.									

		Leukemia Revolving Fund						ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>								0.00	0.00
<u>Program Breakdown by Fund:</u>									
State							-	-	
Federal			-	-			-	-	
Revolving	50,000		-				50,000	50,000	
TOTAL	50,000	-	-	-	-	-	50,000	50,000	
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance			-	-			-	-	
Salaries & Benefits	-		-	-			-	-	
Travel	-		-	-			-	-	
Other Operating Costs	50,000		-	-			50,000	50,000	
	50,000	-	-	-	-	-	50,000	50,000	
<u>Revenue Generated:</u>									
Leukemia Revolving Fund	50,000						50,000	50,000	
<u>Clients Served:</u>									
Persons diagnosed with leukemia or lymphoma.									
<u>Outcomes:</u>									
FY-16									
No outcomes to report.									
FY-17									
No outcomes to report.									
FY-18 projected									
OSDH met with the Leukemia and Lymphoma Foundation and requested a proposal and letter for sole source. A funding proposal has been received, and the sole source letter is pending.									

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Organ Donor Awareness Revolving Fund							ISD Data Processing	TOTAL
						Total		
FTE:						0.00		0.00
Program Breakdown by Fund:								
State						-		-
Federal			-	-		-	-	-
Revolving	130,000		-			130,000		130,000
TOTAL	130,000	-	-	-	-	130,000	-	130,000
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance			-	-		-		-
Salaries & Benefits	-		-	-		-		-
Travel	-		-	-		-		-
Other Operating Costs	130,000		-	-		130,000		130,000
	130,000	-	-	-	-	130,000	-	130,000
Revenue Generated:								
Organ Donor Revolving Fund	130,000					130,000		130,000
Clients Served:								
The campaign reached more than 650,000 households and resulted in 1,471,549 media impressions in FY-17. Currently in the United States, there are 116,257 candidates on the national organ transplant waiting list, and about 691 of them are Oklahomans.								
Outcomes:								
FY-16								
Decision Week 2015 included a newspaper insert, radio, i-heart radio ads, and press releases as well as the "Red Heart" campaign being kicked off. Sixty percent (60%) of licensed adults ages 18 and up in Oklahoma are organ donors. The target is to grow by two to three percent per year.								
FY-17								
The Advancement of Wellness Council, in collaboration with LifeShare Transplant Donor Services of Oklahoma, provided funding in the amount of \$130,000 to produce and distribute a newspaper insert on Thanksgiving Day to promote organ, eye and tissue donation during November's "Decision Week 2016." The four-page, multi-color broadsheet was inserted in daily and weekly newspapers throughout the state, reaching more than 650,000 households. This funding also included social media advertising resulting in 1,471,549 media impressions. The insert also served as a useful stand-alone educational tool throughout the year. In Oklahoma, 58% of the population or 1,649,580 adults have the little red heart on their license or identification card.								
FY-18 projected								
The Advancement of Wellness Council, in collaboration with LifeShare Transplant Donor Services of Oklahoma, provided funding in the amount of \$130,000 to produce and distribute a newspaper insert on Thanksgiving Day to promote organ, eye and tissue donation during November's "Decision Week 2017." The four-page, multi-color broadsheet was inserted in daily and weekly newspapers throughout the state, yielded social media impressions, and serves as a useful stand-alone educational tool throughout the year. FY-18 numbers should be similar to the FY-17 reach and media impressions; however, evaluation results have not been reported at this time.								

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	Rape Prevention							ISD Data Processing	TOTAL
							Total		
FTE:	2.60						2.60		2.60
Program Breakdown by Fund:									
State							-		-
Federal	428,038		-	-			428,038	9,771	437,809
Revolving	-		-				-		-
TOTAL	428,038	-	-	-	-	-	428,038	9,771	437,809
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	9,771		-	-			9,771		9,771
Salaries & Benefits	181,613		-	-			181,613		181,613
Travel	3,121		-	-			3,121		3,121
Other Operating Costs	243,304		-	-			243,304		243,304
	437,809	-	-	-	-	-	437,809	-	437,809
Revenue Generated:									
							-		-
Clients Served:									
Clients include youth and young adults aged 12-24 years (served in middle and high schools, vocational and university settings, youth groups, tribes, and other locations), school and university staff, staff who work with youth, family members of youth, community members in the contracted communities, and Oklahoma Prevention Leadership Committee members and their constituencies.									
Outcomes:									
FY-16									
Four contracts with community-based domestic violence/sexual assault service providers for 1 FTE to provide evidence-based primary prevention activities, interventions, and programs in organizations serving youth and young adults, in order to decrease sexual and dating violence. Total student reach was over 10,000 students.									
FY-17									
Five contracts with community-based domestic violence/sexual assault service providers for 1 FTE to provide evidence-based primary prevention activities, interventions, and programs in organizations serving youth and young adults, in order to decrease sexual and dating violence. Total student reach was over 13,250 students.									
FY-18 projected									
Five contracts with community-based domestic violence/sexual assault service providers for 1 FTE to provide evidence-based primary prevention activities, interventions, and programs in organizations serving youth and young adults, in order to decrease sexual and dating violence. Total student reach is expected to be over 13,000 students.									

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	Drug Overdose						ISD Data Processing	TOTAL
						Total		
FTE:	3.05					3.05		3.05
Program Breakdown by Fund:								
State						-		-
Federal	1,691,710	-	-			1,691,710	27,600	1,719,310
Revolving	-	-				-		-
TOTAL	1,691,710	-	-	-	-	1,691,710	27,600	1,719,310
Program Breakdown by Items of Cost:								
Program Reimbursements / Assistance	27,600	-	-			27,600		27,600
Salaries & Benefits	290,670	-	-			290,670		290,670
Travel	2,725	-	-			2,725		2,725
Other Operating Costs	1,398,315	-	-			1,398,315		1,398,315
	1,719,310	-	-	-	-	1,719,310	-	1,719,310
Revenue Generated:								
								-
Clients Served:								
Clients served include the statewide population, with special attention to prescribers and dispensers of opioids in Oklahoma; high-risk counties (identified by a combination of overdose deaths, hospitalizations, and high-prescribing rates); stakeholders that utilize drug overdose data, including the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC), Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, regional prevention coordinators, county health departments, public health professionals, mental health professionals, community advocates, lawmakers, and addiction specialists.								
Outcomes:								
FY-16								
During FY16, four years of Prescription Monitoring Program (PMP) data (2010-2013) were transferred from the OBNDDC (PMP data owners) to the Injury Prevention Service for the purposes of public health surveillance. Funding allowed for the support of a dedicated, senior-level epidemiologist to clean and analyze the PMP data. Funding also allowed the Injury Prevention Service to provide support to the OBNDDC for data cleaning and management as well as the development of a new, vendor-hosted PMP system through Appriss. The Injury Prevention Service responded to 61 data requests, 12 requests for a total of 6,975 copies of printed educational materials, 18 media requests, and 57 presentations to 1,800 individuals regarding prescription drug overdose and prevention efforts.								
FY-17								
Through partial funding from the Injury Prevention Service, the OBNDDC successfully transitioned to a vendor-hosted system with Appriss. This transition included improved registration data for registrants and improved linking of providers and delegates. The new PMP system included an important clinical tool as part of the dashboard, calculation of morphine milligram equivalents for opioids. The Injury Prevention Service identified high-risk focus areas and developed a pain management practice facilitation program for practitioners in the high burden communities. The Injury Prevention Service responded to 46 data requests, 24 requests for a total of 13,050 copies of printed educational materials, 13 media requests, and 19 presentations to 781 individuals regarding prescription drug overdose and prevention efforts.								
FY-18 projected								
The Injury Prevention Service worked closely with the Office of Management and Enterprise Services to streamline the process of data transfer from the OBNDDC to the Injury Prevention Service. In previous years, this process often took six months or more to have data transferred from one server to another. In FY18, data transfer time has been minimal (sometimes within 24 hours or less). This has greatly increased the availability of timely data for cleaning, analysis, and reporting, which allows for more and better information for the public and providers. In addition, PMP data will be used in county-level opioid fact sheets to support prevention efforts by increasing access to local-level data. To date, the Injury Prevention Service has responded to 41 data requests, 14 requests for a total of more than 26,000 copies of printed educational materials, 8 media requests, and 12 presentations to 226 individuals regarding prescription drug overdose and prevention efforts.								

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	HIT - Meaningful Use							ISD Data Processing	TOTAL
							Total		
FTE:	5.70						5.70		5.70
Program Breakdown by Fund:									
State		372,684					372,684		372,684
Federal	510,000		-	-			510,000	2,843,256	3,353,256
Revolving	-		-				-		-
TOTAL	510,000	372,684	-	-	-	-	882,684	2,843,256	3,725,940
Program Breakdown by Items of Cost:									
Program Reimbursements / Assistance	2,843,256		-	-			2,843,256		2,843,256
Salaries & Benefits	174,050		-	-			174,050		174,050
Travel	10,000		-	-			10,000		10,000
Other Operating Costs	325,950		-	-			325,950		325,950
	3,353,256	-	-	-	-	-	3,353,256	-	3,353,256
Revenue Generated:									
Clients Served:									
All citizen									
Outcomes:									
FY-16	Implemented the Health-e Oklahoma enterprise Master Person Index (eMPI) including person identifying demographic data from 18 public health data systems, Medicaid, and behavioral health.								
FY-17	Began development of the data process for receiving standardized HL7 VXU messages containing immunization data. Created Oklahoma Message Store to store incoming messages and metadata. Developed process for decrementing vaccine inventory when receiving messages from VFC providers. Begin quality testing of data routes. Began testing messages with Integris Health and EPIC EHR vendor. Began development of onboarding process for providers meeting Meaningful Use requirements. Work with SmartStart to begin planning of the Oklahoma Child and Adolescent Record (OK CAR).								
FY-18 projected	Finalize data process for receiving standardized HL7 VXU messages containing immunization data. Complete testing of immunization message routes, data quality, and consumption of immunization data into OSIIS. Develop Immunization Meaningful Use Team processes and documentation; and test and finalize registration and onboarding process, including initial format testing, data quality testing, and OSIIS process testing. Implement pilot with Integris VFC healthcare provider to submit immunization messages for 120 days. Begin and continue to develop of bi-directional messaging to provide evaluated immunization history and forecast upon request from providers. Develop and finalize the Master Virtual Person (MVP) for localized data linkages and deduplication within data systems. Begin planning for Provider Registry to contain all healthcare, behavioral health, and allied health care providers. Continue work with SmartStart and the DISCUSS Data Subcommittee in the planning of the OK CAR.								

	Quality Improvement							ISD Data Processing	TOTAL
							Total		
<i>FTE:</i>	2.00						2.00		2.00
<i>Program Breakdown by Fund:</i>									
State	268,987						268,987	7,193	276,180
Federal			-	-			-		-
Revolving	-		-				-		-
TOTAL	268,987	-	-	-	-	-	268,987	7,193	276,180
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	7,193		-	-			7,193		7,193
Salaries & Benefits	252,465		-	-			252,465		252,465
Travel	2,544		-	-			2,544		2,544
Other Operating Costs	13,978		-	-			13,978		13,978
	276,180	-	-	-	-	-	276,180	-	276,180
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
Internal Customers: Senior Leadership, deputy commissioners, regional health directors, program directors, program managers, and all agency staff									
<i>Outcomes:</i>									
FY-16									
The Office of Quality Improvement (OQI) was opened in March 2016 and the first year was spent building the infrastructure. Outcomes include: assessing the agency related to QI, development of the agency QI Plan to include structure and training, provided technical assistance to 12 local Accreditation Coordinators to prepare for National Public Health Accreditation to include Quality Improvement by building an electronic library for resources. Over 26 programmatic QI projects were completed with 4 broad services areas representing 3 deputy commissioners and 1 Chief Operating Officer.									
FY-17									
The OQI wrote for and recieved a technical assistance grant from the Association of State and Territorial Health Officials (ASTHO) to provide the agency training and assistance related to Quality Improvement. An electronic tracking system for agency performance measures and outcomes was built and finalized for agency staff. Thirty OSDH staff were trained in QI tools and processes to serve as QI champions to lead QI projects throughout the year.									
FY-18 projected									
Develop an operational dashboard of at least one metric per each service unit and program to include metrics and targets, Develop a culture of continuous quality improvement through integrating and sustaining QI activities, Stand up Quality Improvement Council to to act as the agency's steering committee for its continuous Quality Improvement efforts, Develop an Oklahoma specific assesment tool to asses the organization areas of strength, weakness, and oportunities, Conduct assessment of OSDH including the central office and services provided to the county health departments utilizing the assesment tool, Analyze data to identify areas of focus, eliminate duplication, gaps in coverage/services, and maximize resources, and develop a framework to address opportunities for improvement.									

	The Center for Health Innovation & Effectiveness						ISD Data Processing	TOTAL
						Total		
FTE:	10.50					10.50		10.50
<u>Program Breakdown by Fund:</u>								
State	1,718,109					1,718,109	41,816	1,759,925
Federal	-	-	-	-	-	-	-	-
Revolving	-	-	-	-	-	-	-	-
TOTAL	1,718,109	-	-	-	-	1,718,109	41,816	1,759,925
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	41,816	-	-	-	-	41,816		41,816
Salaries & Benefits	953,784	-	-	-	-	953,784		953,784
Travel	3,800	-	-	-	-	3,800		3,800
Other Operating Costs	760,525	-	-	-	-	760,525		760,525
	1,759,925	-	-	-	-	1,759,925	-	1,759,925
<u>Revenue Generated:</u>								
<u>Clients Served:</u>								
Statewide services offered, primarily focused on the uninsured or underinsured populations, health care provider shortage areas and medically underserved areas.								
<u>Outcomes:</u>								
FY-16								
1. Created targeted outreach plan to critical access hospitals and county health departments to increase the number of National Health Service Corps sites.								
2. Developed a technical assistance protocol and tracking system to better assist statewide partners in securing federal resources for providing access to health care.								
3. Organized collaborative body, the Governor's Health Workforce Subcommittee, and convened with a goal to develop a recommend a list of 30 critical health care occupations, develop recommendations to support community-based health professional training opportunities, and build project plans for telehealth chronic disease initiatives								
FY-17								
1. Aligned health system goals and incentives across the spectrum to build interagency workgroups to establish shared outcomes and goals through the coordination of efforts. Some successes of these workgroups include: Draft HHS agency quality measure set completed, 1332 Waiver for Reinsurance posted for public comment in July, followed by full Waiver submission in August.								
2. Conducted an assessment of statewide inventories for obesity prevention and treatment activities. Developed a compendium of evidence to compare and score statewide public expenditures and inventories.								
FY-18 projected								
1. Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% in 2019.								
2. Reduce heart disease deaths by 11% by 2020								
3. Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020 (2019 data).								
4. Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% by 2019. (Update 2015: 68.51%)								
5. Create a system of outcome driven healthcare that supports patients and healthcare providers in making decisions that promote health by emphasizing preventive and primary care and the appropriate use of acute care facilities.								
NOTES: 1. The CHIE budget reflects the FTE in red that it should be currently funded with vacancies included. I did verify this with HR.								
2. The CHIE budget encompasses money in contracts that is remaining because we cancelled contracts per our current financial situation. It does not reflect that which was spent already in those contracts already in FFY18.								
3. There is not a tab for the Uncompensated Care Fund that no longer exists at this time, however there were funds spent in FY18 and should be noted if we are only looking at this as the FY18 snapshot, not a projection. An UCF tab has been added to this template.								
4. Primary Care Office had significant work happening in CHIE around many areas in health care, and thus was/is expending more state resources than what is allowed in the federal grant we receive in order to designate shortage areas and to assist with attaining federal resources. As you will also note, we are bringing in more funding to the state than we outspend in resources – the remaining staff are captured in the state CHIE budget to do this work.								

[illegible]

Outcomes:

FY-16

Oklahoma & Community Health Improvement Plans (OHIP & CHIPs): Infant mortality has decreased by 8.6% in last two years from 8.1 in 2014 to 7.4 infant deaths per 1000 live births in 2016. Adult smoking rate decreased from 22.1% to 19.6%, moving Oklahoma's ranking to 36th among the 50 states. The lower rate means the number of adult smokers dropped by almost 72,000 between 2015 and 2016 alone. Adult obesity prevalence decreased to 32.8 percent. This is the first decrease since 2011, resulting in approximately 30,000 fewer obese adults in 2016 compared to 2015. For Certified Healthy OK, there was a 32% increase in the Excellence level certifications overall from 2015 to 2016 and over a 600% increase since 2011. Completion of 4 Community Health Assessments (CHAs) for Canadian, Comanche, Kingfisher and Rogers counties. Completion of 5 Community Health Improvement Plans (CHIPs) for Canadian, Garfield, McCurtain, Cleveland and Woodward counties. Provide technical assistance and support to over 70 community coalitions across state. Partnership engagement with Oklahoma Works Initiative and Key Economic Networks (KEN) Champions, Creative Health Innovation Partnerships, Oklahoma State Department of Education (OSDE) Engage OK, Federal Reserve Bank of Kansas City Investment Connection and Northeastern Oklahoma Regional Alliance. In partnership with OMES, facilitated the HHS Deliver Interoperable Solution Components Utilizing Shared Services (DISCUSS) Summit. Facilitated 5 Community Listening Sessions for the Development of the State of the State Health Report in Custer, Pawnee, Cherokee, Pontotoc and Jackson counties. Provided technical assistance and support to Certified Healthy Oklahoma program and community hospital needs assessments. Assisted with the Annual Turning Point Conference & Policy Day with 450 attendees.

FY-17

Oklahoma & Community Health Improvement Plans (OHIP & CHIPs): Approximately 30,000 Oklahomans were either referred by their healthcare provider or contacted the Oklahoma Tobacco Helpline for services and tobacco cessation services for Oklahomans with low socioeconomic status and living below the poverty line increased through Heartline 211, Reachout Tulsa, and increased capacity of health systems across Oklahoma. The 2017 Certified Healthy Oklahoma application period closed on Nov. 1st with an almost 19% in the overall number of applications compared to 2016. While every Certified Healthy OK program saw more applications this year, congregations experienced the largest increase exceeding the 2016 submissions by 72%. OSDH was awarded a new Maternal, Infant and Early Childhood Home Visiting "INNOVATION" Grant Award. Partnership engagement with OSU Rural Health, Oklahoma Hospital Association, Blue Cross Blue Shield of Oklahoma and Public Health Institute of Oklahoma. Completion of 4 Community Health Assessments (CHAs) for Pittsburg, Bryan, Muskogee and Payne Counties. Completion of 1 Community Health Improvement Plan (CHIP) for Comanche county. Provide technical assistance and support to over 70 community coalitions across state. Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1422, and community hospital needs assessments. Facilitated the Workforce Investment Opportunity Act (WIOA) Planning Regions Roundtable Discussion at Annual Oklahoma Works Conference. Assisted with the development and coordination of the Annual Turning Point Conference & Policy Day with 405 attendees.

FY-18 projected

Oklahoma & Community Health Improvement Plans (OHIP & CHIPs): Decreased teen births by over 50%. Infant mortality has decreased by 8.6% in last two years. An overall immunization compliance of 94.5%. Developed official statewide partnerships to provide funds, training, and resources for Coordinated School Health (WSCC) to school districts across the state. Provide technical assistance and support to over 70 community coalitions across state. Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1422, and community hospital needs assessments. Partnership engagement with OUHSC College of Public Health, Oklahoma Alliance for YMCAs, and Alzheimer's Association, Oklahoma Chapter. Completed statewide Health Impact Assessment (HIA) on Four Day School Week and Impact on Academic Performance, Food Insecurity, and Juvenile Crime. Facilitated the Health 360 Stakeholder Meeting. Assisted with the development and coordination of the Annual Turning Point Conference & Policy Day with 365 attendees.

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	Minority Health							ISD Data Processing	TOTAL
							Total		
FTE:	2.00						2.00		2.00
<u>Program Breakdown by Fund:</u>									
State	328,498						328,498	11,735	340,233
Federal		-	-				-		-
Revolving	-		-				-		-
TOTAL	328,498	-	-	-	-	-	328,498	11,735	340,233
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	11,735	-	-				11,735		11,735
Salaries & Benefits	320,000	-	-				320,000		320,000
Travel	425	-	-				425		425
Other Operating Costs	8,073	-	-				8,073		8,073
	340,233	-	-	-	-	-	340,233	-	340,233
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Entire State									
<u>Outcomes:</u>									
FY-16									
Office of Minority Health staff provided 56 Spanish translations to various OSDH central office departments including but not limited to Vital Records, Women, Infant & Children (WIC), Injury Prevention Services, as well as county health departments across the state. One hundred an eight documents were translated from english to various languages upon request from local county health departments and central office program areas. Facilitated 2 Community Listening Sessions for the Development of the State of the State Health Report in Oklahoma and Tulsa counties.									
FY-17									
Office of Minority Health staff provided 127 Spanish translations to various OSDH central office departments including but not limited to Vital Records, Women, Infant & Children (WIC), Injury Prevention Services, as well as county health departments across the state. Fifty documents were translated from english to various languages upon request from local county health departments and central office program areas. Fifty eight skill based employees located in county health departments received interpreter training to ensure quality services for consumers.									
FY-18 projected									
Office of Minority Health projects 60 Spanish interpretations and 50 written translations.									

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	ASTHO Contract							ISD Data Processing	TOTAL
							Total		
<u>FTE:</u>	0.30						0.30		0.30
<u>Program Breakdown by Fund:</u>									
State	-						-	-	-
Federal			-	-			-		-
Revolving	138,695		-				138,695	1,305	140,000
TOTAL	138,695	-	-	-	-	-	138,695	1,305	140,000
<u>Program Breakdown by Items of Cost:</u>									
Program Reimbursements / Assistance	1,305		-	-			1,305		1,305
Salaries & Benefits	25,881		-	-			25,881		25,881
Travel	-		-	-			-		-
Other Operating Costs	112,814		-	-			112,814		112,814
	140,000	-	-	-	-	-	140,000	-	140,000
<u>Revenue Generated:</u>									
							-		-
<u>Clients Served:</u>									
Choctaw Nation members with high blood pressure who access pharmacy services at the tribal health center in McAlester.									
<u>Outcomes:</u>									
FY-16									
Not funded in FY-16									
FY-17									
Not funded in FY-17									
FY-18 projected									
The Choctaw Nation's pharmacy team started receiving referrals from medical providers on January 4, 2018. Thirty (30) patient visits took place at the Pharmacy Hypertension Clinic during the month of January; 18 were initial visits and 12 were follow-up visits. Of the 12 follow-up visits, 10 reduced their blood pressure and had adhered to their treatment plan while three (3) had controlled blood pressures. The pharmacists plan to have a second visit to ensure the patient is controlled before releasing back to the doctor. After the flu season, it is estimated that the pharmacy will be able to see approximately 25 to 30 patients a month.									

	Ardmore Institute of Health							ISD Data Processing	TOTAL
							Total		
- FY-19 Projected -									
<i>FTE:</i>	0.05						0.05		0.05
<i>Program Breakdown by Fund:</i>									
State	-						-	-	-
Federal			-	-			-		-
Revolving	30,121		-				30,121	76	30,197
TOTAL	30,121	-	-	-	-	-	30,121	76	30,197
<i>Program Breakdown by Items of Cost:</i>									
Program Reimbursements / Assistance	76		-	-			76		76
Salaries & Benefits	3,356		-	-			3,356		3,356
Travel	-		-	-			-		-
Other Operating Costs	26,765		-	-			26,765		26,765
	30,197	-	-	-	-	-	30,197	-	30,197
<i>Revenue Generated:</i>									
							-		-
<i>Clients Served:</i>									
300 OSDH employees will participate in a worksite wellness program funded by the Ardmore Institute of Health. The program focuses on increasing physical activity levels.									
<i>Outcomes:</i>									
FY-16									
Not funded in FY-16									
FY-17									
Not funded in FY-17									
FY-18 projected									
The program starts in April 2018. Anticipated outcomes include employee participation, employee satisfaction, increases in knowledge and attitudes towards physical activity, changes in health behaviors and practices, and improved employee productivity.									